ABSTRACT OF A

Clinical Lecture

ON

GUNSHOT WOUNDS OF THE EYE.

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GENTLEMEN,—We have now for another year entered upon that season when the frequent use of firearms for sporting purposes brings its almost inevitable crop of accidents. Indeed, so common are these becoming that it is rare for the shooting season to pass without several such cases coming under my notice. Within the last few days my advice has been sought in two instances of this kind of injury. I am quite certain that these casualties are now much more frequent than they used to be, and we must look for the reason to several different circumstances. In the first place, there are many more sporting men, or, I should perhaps say, men given to sporting proclivities, than there used to be. Of these, many only take to the gun late in life, when the accumulation of sufficient means enables them to indulge in pastimes to which they have never been trained, but which for the sake of fashion they feel called upon to pursue. These patrons of sport, however careful they may try to be, are always dangerous companions upon a moor or in a cover. They always handle their weapons badly, are bad judges of distance, and lack that calmness and deliberation which are only acquired by a training commenced in early youth. Unquestionably, too, the use of breech-loaders has engendered a very rapid system of firing, which encourages recklessness in young and excitable sportsmen; and, finally, the system of grouse, and of late years partridge, driving is responsible for no small number of the casualties which occur. Not infrequently the butts are much closer together than there is any necessity for, they are not uncommonly very deficiently constructed, and the rules with regard to lateral firing are not sufficiently impressed upon each sportsman before the shooting commences. I find I have altogether notes of twenty-three cases of gunshot wounds of the eyes and orbital regions; to give them in detail would, however, occupy too much of your time and space. I shall therefore only refer to them when necessary to illustrate certain points relative to symptoms, diagnosis, and treatment. And here I may say that it is my intention in this lecture to confine my remarks chiefly to those injuries which affect the globe, reserving for another occasion the more severe form of injuries, where the globe is destroyed together with parts of the orbit.

Gunshot wounds of the eye do not differ very materially from injuries to the eyes which occur from the projection with force of particles of metal or other materials used in the arts and manufactures, but they are usually attended with much more shock. Sometimes this is peculiarly marked. Though the globe may have been only penetrated, or perhaps even only struck by a single pellet, the collapse may be as severe as when a bullet has entered one of the principal cavities of the body. On one occasion I was present when a young gentleman was struck by a spent shot on the globe; he immediately fainted, the faint being accompanied by general convulsions. His restoration to consciousness was twice within an hour followed by similar attacks. An examination of the eye showed only a slight abrasion of the cornea, and at the end of forty-eight hours his general health and the eye were completely restored. No doubt mental influences play a great part in this form of shock. The uncertainty of what has really happened, the forebodings of future sufferings, and the exaggerated fears of sudden and perpetual blindness acting upon a person of a sensitive and highly nervous temperament are enough to account for this condition. Although not infrequently several pellets strike different parts of the body at the time the patient is injured, still it happens with remarkable frequency that the globe is the only part struck. Indeed, so often does this happen that there is a popular superstition amongst keepers and persons of that class that the globe of the eye possesses a power of drawing a shot out of its course.

Shots may be "direct" or "ricochet." Ricochet shots may take place at the most peculiar angles, and the possibility of a double ricochet must not be forgotten. It is only by taking them into consideration that we can account for some cases in which the person wounded was in a position where it seemed almost an impossibility that he could be hit. Ricochet shots are, for a given velocity, much more dangerous than direct ones, for the following reason: Their primary impact usually destroys their spherical form, flattening them, and giving them an edge in some cases almost as sharp as a knife, and which peculiarly facilitates their penetration under a comparatively low velocity. The effects produced by the impact of a pellet upon the globe will naturally vary with the velocity of the shot and the angle at which it strikes, partly also upon the varying thickness and resistance of the ocular tissues in different individuals. The cornea is much less resistant than the sclerotic, and may be penetrated at a greater distance than the latter. From experiments I have conducted I think the penetration of the globe through the sclerotic is rare at a greater distance than seventy yards, although in the case of the cornea I believe it may occur up to eighty or ninety yards; and in one case where a No. 5 shot penetrated at the corneo-scleral junction, I was informed the distance of the injured person from the gun was fully 100 yards. For convenience sake we may divide these injuries into "non-penetrating" and "penetrating" wounds. The former may vary from trivial ecchymoses of the conjunctiva, almost unattended with visual disturbance, to extensive extravasations, subconjunctival and intraocular, with detachments of the retina, rupture of the choroid, and partial or complete displacement of the lens. On one occasion I found a shot in the superior conjunctival cul-de-sac; it had evidently struck the upper part of the sclerotic at one angle and glided under the lid.

In some cases there may be a momentary difficulty in assuring oneself if the globe has been penetrated—a difficulty which may be considerably increased if the patient is not seen till some days after the accident and the wound lies in the equatorial regions of the eye, away from the plane of the iris. The little wound, if it existed, may then have healed, or its site may be masked by chemosis or extravasated blood. It is usually to be found if diligently sought for. In these doubtful cases it is well to carefully examine the tension of the globe. A perforated globe generally shows a very marked diminution of tension compared with the healthy eye. When the globe has been penetrated more anteriorly the wound is usually sufficiently obvious, the iris being irregular or displaced, and in many instances partially prolapsing, and the lens is seen to be opaque and swollen. In other cases the whole of the deeper structures may be concealed by hæmorrhage into the anterior chamber. In doubtful cases we should never omit to call in to our aid all the points bearing upon the case, and we should make a detailed and minute examination into the circumstances of the accident, having fully explained to us the relative position and distances of the parties engaged. The elasticity of the sclerotic is such that the aperture made by a No. 6 shot may sometimes require a good deal of searching for. On one occasion, after the enucleation of a globe which had a most distinct and well-marked aperture of entrance through the cornea, immediate dissection of the eye failed to find any shot in the interior. This was very puzzling. After a very minute and careful examination the aperture of exit was found close to the inner side of the optic nerve entrance, the shot having completely traversed the globe. On examining the wound carefully, the pellet was found in close apposition to the cut extremity of the nerve and removed. A very oblique shot striking a very prominent eye may traverse it without lodging. There will then be the appearance of two apertures, which might mislead the surgeon into supposing that two shots had penetrated instead of one. Again, there may be but one aperture in the globe, and two shots may have entered, one following exactly in the footsteps of the other. Such a case occurred in my practice some years ago. The case is vividly impressed upon my mind from a curious coincidence.

A surgeon brought me a gentleman who had summoned him on account of a gunshot wound of his right eye. He was of opinion that a shot had penetrated and lodged,

whilst another medical practitioner held a contrary opinion, and I was asked to determine the point. Upon examination it was decided that the globe should be enucleated, and I promised at a subsequent time to give the result of the dissection of the eye after it had been prepared by hardening in Muller's solution. In a fortnight both gentlemen appeared, and were equally anxious to learn my conclusions. Mr. A. said, "Well, was I not right—there was a shot in the eye?" I replied, "No." "Then," said Mr. B., "it was just as I expected—there was no shot in the globe." When I replied that he also was wrong, they both looked at each other with astonishment. They then pressed me for an explanation of this apparent inconsistency, and were much amused when I explained to them they were both wrong, because there were two shots lodged in the injured organ.

It may seem somewhat paradoxical to say that a shot may penetrate the globe without there being any visible aperture or external manifestation of the occurrence. Yet the possibility of this accident and its absolute fulfilment are amply illustrated by a case which I shall relate, in which it is more than probable that a considerable number of shot entered the posterior part of the orbit through the pterygo-maxillary fossa, producing blindness. The case, which was a most interesting one from many points of view, happened as follows:—

A number of gentlemen out shooting were walking in single file along the bank of a river, when a duck rose in front of them. The leading sportsman put up his gun to fire, as did also the one immediately behind him, and in the excitement of the moment the latter discharged his piece. The distance of the leading man could scarcely have exceeded five feet from the one immediately behind him, and the greater part of the charge from the latter's gun entered the right side of the foremost gentleman's head and shoulder. He fell as though dead, and was promptly removed to a neighbouring house. When I saw him some hours after the accident he was in the following condition. He was much collapsed from hæmorrhage and shock, but was sensible, and there was no paralysis. The right temporal bone was riddled by shot, and considerable hæmorrhage was still going on from these apertures; the ear was much torn and lacerated. The integuments over the temporal muscle were ploughed into furrows, and the substance of the muscle was a mere bag of ecchymosed blood and shot corns. Several shots had completely traversed the base of the skull, and, flattening themselves against the back of the teeth, had been spat out of the mouth. The right eye was deeply ecchymosed and somewhat prominent. With a little difficulty I was able to make a very satisfactory ophthalmoscopic examination. The media were clear and perfectly transparent, but the retina was covered with large hæmorrhagic patches. These were particularly visible upon the temporal side. Vision was completely abolished, with the exception of slight perception of light in the temporal half of the field; the nasal half of the retina having evidently escaped with less injury. I show you here, gentlemen, an enlarged rough sketch which I took of the fundus at the time, and I think there can be no doubt that these ecchymosed patches are the result of the impact of shot which arrived at the back part of the globe through the pterygo-maxillary fossa. The case proved a tedious and anxious one. During the course of treatment something like 150 shot were removed from the face and shoulder-joint, but a large number, in spite of extensive suppuration, must have remained lodged in the mastoid portion of the temporal bone. Sight, it is needless to say, was permanently lost in the right eye, but in other respects a perfect recovery took place without much visible disfigurement.

I previously mentioned incidentally the possibility of a shot traversing completely the globe, and lodging eventually in the deeper structures of the orbit. I may say that this is by no means a very uncommon result, and I have met with it on several occasions. Such an eye can rarely recover any useful degree of vision, but it may nevertheless recover very rapidly from the injury, and may thus belie the anticipations formed, and perhaps expressed to friends and relatives, of severe symptoms and prolonged suffering, which may have been legitimately urged in justification of enucleation. When a distinct aperture of entry is found in the globe, and on removing the damaged organ no shot is to be found in its interior, we should always suspect that the globe has been completely traversed, and make a minute examination for the aperture of exit, which is sometimes very difficult to see, and, if there is time, may possibly have closed. The shot, too, should be sought for amongst the orbital tissues, bearing in mind the fact that it may be wiped away in the sponges, these should be carefully looked after. Whether, however, the shot be found or not is not a matter, surgically speaking, of great importance, as it rarely gives rise to any mischief when left in the orbital tissues. Nevertheless, the patient and his friends never seem perfectly satisfied unless it is produced.

What is the treatment we should adopt in cases of gunshot wounds of the eye? Of course this will very much depend upon the nature and extent of the injury. In cases where there has been no penetration and the injury consists of ecchymosis of the conjunctiva with extravasation to a greater or less extent into the anterior or posterior chamber, we must use cold and evaporating lotions and do our utmost to guard against all inflammatory reaction. We shall usually succeed in this with young and healthy persons and in persons of more advanced years if there is an absence of gouty, rheumatic, or other diathesis predisposing to inflammation. In course of time the blood effused will be absorbed, and if the media regain their transparency and there has been no detachment of the retina, sight may eventually be restored to a useful degree. Are there any external or internal remedies which promote the absorption of extravasated blood? I must confess personally I have not much faith in any, but I usually order locally a weak lotion of lead and opium or belladonna, or, in cases where inflammation threatens, conium; and internally administer small doses of iodide of potass with tincture of jaborandi. I have more faith in this drug than any other, and certainly think its administration either internally or by means of subcutaneous injections in the shape of pilocarpine promotes absorption.

In cases where a shot corn has penetrated the globe the case at once assumes a more serious aspect and requires more radical measures. I must here only mention to condemn any attempts being made by probes or otherwise to search for the position of the shot or ascertain its presence. I have seen such attempts practised, but they can lead to no good, and may be productive of much harm by increasing the risk of panophthalmitis and suppurative inflammation. There is only one condition, or rather combination of circumstances, under which I should consider such attempts justifiable (and then only when we had reason to suppose the shot was close to the wound): that is, when the patient has already from some other cause lost the sight of the uninjured eye, or it suffers from such an amount of amblyopia as to render it practically useless. Under these circumstances we can be influenced by no fear of sympathetic mischief being developed, and every attempt should be made, and at all risk, to preserve the damaged organ if it retains nothing more than a mere perception of light. This rule applies, I need scarcely say, with equal force to accidents occurring from other mechanical causes than gunshot wounds. I have known enucleation recommended, and in more than one instance performed, before it was ascertained that the remaining eye was a useless organ, and I cannot too strongly impress upon you the necessity of making strict inquiry before you recommend such a proceeding. I have only once succeeded in extracting a shot from a wounded eye. On that occasion there was evidence of penetration about three inches outside the lowest part of the sclero-corneal junction, and a large piece of iris was protruding. The anterior chamber was full of blood, and there was no perception of light. The sight of the other eye was perfect. I recommended that the damaged organ should be enucleated; but the patient refused, and I therefore excised the protruding piece of iris. When I had cut it close off, a small black spot seemed still to present at the wound. Touching it with the iris forceps, I found it to be a shot. I slightly enlarged the wound, and it fell out. The patient recovered, but with no useful vision.

The enlargement of the wound will in all cases become necessary when a shot has to be extracted, as the elasticity of the cornea and sclerotic is such that the wound is always smaller than the body which produces it. In most cases, then, when a shot has penetrated the globe and is supposed to be lodged there, the only legitimate treatment is enucleation or some one of its more modern modifications. Let us for a moment examine what will be the result if no such plan is pursued. In a few cases but little reaction takes place; the blood effused becomes absorbed; and if the lens is not wounded and the iris has escaped injury, things may remain in a quiet condition, and the shot eventually

become encysted. In these cases, for a time the patient is satisfied with his condition, and is apt to consider that the advice tendered in favour of enucleation was unnecessary and harsh. But the dangerous epoch for such an eye is sure to come sooner or later. The encysting capsule becomes partially absorbed, under some violent exertion or shock to the head or body the shot shifts its position, and severe symptoms immediately set in. I have noticed that the train of events above described is peculiarly liable to occur when the patient is least able to bear it—that is, at a time when some intercurrent disease has reduced his physical powers, especially maladies which have a tendency to produce emaciation. In other cases the original hopeful condition is only maintained for a short time, retrogressive changes set in, and the whole globe undergoes a process of phthisical wasting. In others, again, a subacute inflammatory condition is developed with choroido-iritis or perhaps ossification of the choroid, and the patient is eventually glad to submit to the treatment which the surgeon proposed to him from the first. In by far the majority of cases, however, if nothing is done, violent reaction takes place at once. Acute inflammation is set up with great pain, and considerable constitutional disturbance and a condition of panophthalmitis, or suppurated choroiditis, is established, which in weakly and broken-down subjects may give rise to grave anxiety.

In the event of a patient acquiescing to part with his eye, what operation should we perform? Should we enucleate the whole globe, or should we content ourselves with the ablation of the anterior segment and clearing out the sclerotic cavity, an operation which now goes by the euphemistic term of "exenteration"? To enter upon this question here would be to open up ground which has lately been much controverted. Personally I believe the disadvantages of enucleation have been very much exaggerated, and the advantages of exenteration unduly extolled. Its relative value as a preventive, or rather I should say safeguard, against sympathetic ophthalmia, as compared with enucleation, has yet to be determined. It is more painful, is not less tedious in its performance than enucleation, and is followed at times by an amount of reaction which, in my experience, is very rare in enucleation. I have not been overtaken by the fear of septic poisoning following enucleation, which seems to have invaded continental ophthalmic clinics and threatens some of our own. It must have fallen to my lot within the last sixteen years to have enucleated as many eyes as most persons; yet I have never lost a patient or seen one lost by enucleation. I have seen cases in which slight symptoms of septic poisoning were developed, but these occurred almost invariably when enucleation was performed at the height of acute suppurative inflammation—a practice which I always personally condemn. The danger of this proceeding has, however, long been recognised; and it is in these cases that, perhaps, the operation known as "exenteration" may find a useful sphere for its execution; although I am still doubtful if it has any advantages over a free corneal incision with evacuation of the contents of the globe. All the different operations which have for their object the removal of an eye are as much an "opprobrium" to the ophthalmic surgeon as an amputation is to the general surgeon. They are as distasteful as arithmetic is to the schoolboy, and, if we might be allowed to parody, we might say—

> "Exenteration is vexation,
> Abscission is as bad,
> Neurotomy won't do me,
> Though extraction drives me mad."

ST. THOMAS'S HOSPITAL.—On Monday, the 16th inst., the Dean, in the name of the students, past and present, of St. Thomas's, of whom above one hundred were present in the library, presented Mr. Denison, the retiring librarian, with a clock, a purse of 120 guineas, and an illuminated engrossed list of the subscribers to the fund, numbering 309. Dr. Ord briefly touched on the many services of Mr. Denison, the tact which he has shown in advancing school matters, and his happy influence on many generations of students. Mr. Le Gros Clark afterwards, in a short address, emphasised the remarks made by Dr. Ord, and expressed the deep feeling of friendship existing between himself and Mr. Denison. The clock and purse were then presented, and Mr. Denison briefly replied, thanking his friends present for their kindness at all times during his lengthy connexion with the school.

Lectures
ON
INJURIES OF NERVES.

Delivered at the Royal College of Surgeons,

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LECTURE II.

(*Concluded from page 971.*)

THE trophic changes in the *joints* and *bones* next claim attention.

With regard to the *joints*, the description by Weir Mitchell must again be given the foremost place, for he was the first to describe the conditions to which I am about to allude.[1] He states that the arthritic lesions may appear either early after the nerve lesion, or else at a later period, when the more immediate symptoms have subsided. Under the latter conditions, "we may then have one articulation—and if only one, a large one—involved; or perhaps all the joints of a finger, or every joint of a hand, or of the entire limb, may suffer. The swelling is never very great, the redness usually slight, and the tenderness on touch or motion exquisite. This condition of things remains, with little change, during weeks or months, and then slowly declines, leaving the joints stiff, enlarged, and somewhat sensitive, especially as to movement. A small proportion of such cases find ready relief, but in many of them the resultant ankylosis proves utterly unconquerable, so that it is vain to try to restore mobility by manipulation or splints." Such is Weir Mitchell's account, and I make no doubt that cases such as he has described have been seen by him. Yet it would be quite a mistake to consider that such are at all common. It has been my fortune to observe for some years past, and to keep constantly under my notice, a large number of cases of nerve injury of most various kinds, yet in none of them have I seen any joint affections so extremely acute and painful as those described by Weir Mitchell. On the other hand, I think that arthritic lesions of a less severe and more chronic kind are amongst the most common results of nerve injury. I have seen them over and over again, and, for my own part, am inclined to consider them as an almost invariable sequel of nerve lesion. It is difficult to understand how they have been missed by many observers; I suppose because they have not been looked for. From my own observations, I should say that within a time varying from one to six weeks after injury to a nerve, the joints will usually be found somewhat stiff. The finger joints have seemed to me to be much more liable to be affected than those of the wrist and elbow, and this not only in cases of injury inflicted low down in the forearm, but also when the wound has been in the upper arm. Usually, but not always, this stiffness has supervened without causing the patient any pain, and, from the fact that the affected parts are often both anæsthetic and partially paralysed, the stiffening of the articulations not infrequently escapes the notice of the patient himself. For several weeks the stiffness increases, and the movements of the joints, both active and passive, gradually diminish. Finally, there appears to be a tolerably firm fibrous ankylosis. The future of the case depends to a great extent on the condition of the injured nerve and on the patient himself, for, if the hand be not used, the stiffness is likely to be much more persistent than if resolute attempts are made to overcome the fixation of the articulations. If the divided nerve resume its functions, the joints are much more likely to again become movable than in cases where no reunion occurs. In many cases they entirely recover, but in others, in spite of all treatment, permanent stiffness results. There is much in the condition of these joints which is suggestive of chronic rheumatism.

It is but rarely that an opportunity is afforded for an examination of the diseased articulations, and I am only aware of one case in which the results of such an examina-

[1] Injuries of Nerves, p. 169.

tion have been recorded. The case I allude to is one by Blum,[2] in which the joints of a man whose median nerve had been divided several years previously were examined after death. The cartilages were thinned and softer than natural, and there was some cell proliferation. The articular bone also was rarefied. In 1882 I had the opportunity of examining the hand of a man whose median nerve had been injured about eighteen months previously. An examination of the hand after amputation showed that the nerve had been wounded above the wrist joint, and that a fragment of wood was still buried in its substance. The finger joints were one and all much stiffened. On opening those of the middle finger the capsules were found to be thickened, and the cartilaginous surfaces of the most distal joint united by fibrous tissue. The terminal joint of the ring finger was firmly ankylosed, the union being by bone, and so firm as only to yield to cutting instruments. Microscopically examined, the cartilages were all thinned, and their normal matrix replaced in part by fibrous tissue.

With regard to the *bones*, I have not myself met with a case in which any definite change could be assigned as the result of nerve injury. Instances have, however, been detailed by Blum, Ogle, and Arnozan.[3] In the cases collected by these authors the chief alteration appears to have been a simple atrophy of the osseous tissue, such as might not improbably result from simple disuse. Thus shortening of the femur is mentioned as a result of injury to the sciatic during childhood. In one of Ogle's cases, however, there was not only thinning of the bones of the hand in a case of section of the median nerve, but also bony union between the radius and ulna at their lower ends. Considering therefore the paucity of information on the subject of bone lesions due to nerve injury, I think it may be concluded that they are of comparatively rare occurrence.

Such is a brief account of the various trophic changes that may follow on nerve injury. Instances of them are sufficiently numerous to allow most surgeons to become more or less acquainted with the more common of them, and although I might quote in detail numerous cases in support of the above descriptions, it is needless to enumerate them here. What is of more importance is to inquire into the manner in which section of a nerve trunk so affects the tissues to which it is distributed; and on this point opinions are much at variance. The following are the chief theories:—1. That the changes are due to section of vaso-motor nerves, and consequent irregularity of the blood supply. 2. That they are due to non-use of the paralysed parts. 3. That they are due to irritation of the centrifugal fibres set up by the injury. 4. That they are due to the removal of a special influence exercised by the nerves on the nutrition of the tissues.

The first of these theories has been very extensively supported, but may, I think, be disproved. The arguments adduced in its favour, have been mainly founded upon incorrect views of the vaso-motor system, and conclusions have been incorrectly drawn. It is well known that section of vaso-motor fibres results in the congestion and rise of temperature of the part to which they are supplied, and it has been rather hastily assumed that these changes may readily overstep their bounds and pass on to inflammation and destruction of the affected tissues. These conclusions were drawn on the supposition that the vessels of the part remained permanently in a state of suffusion. Such is not the case. It has been definitely proved by experiments on animals[4] that the vessels of any part are not entirely dependent on their connexion with the medulla oblongata for their nerve supply, but that local vaso-motor centres are present, which are capable of regulating the calibre of the vessels after section of all nerves connecting the latter with the brain and spinal cord. The ear of a rabbit in which the cervical sympathetic has been divided will gradually return to its normal condition, and the former rhythmical contractions of the blood-vessels may again be perceived. The temperature also gradually approximates to that on the opposite side, and subsequently the ear or else the limb of a vertebrate animal, which after section of the main nerve was markedly hotter than its fellow, will gradually become colder by several degrees. It will thus be seen that, while the trophic changes may last a considerable time, the condition which is supposed to give rise to them gradually passes away. Again, while the vessels are turgid and swollen the ear of the rabbit does not atrophy or inflame. On the contrary, the hair grows more luxuriantly (exactly the reverse of that on an extremity whose main nerve is divided) and the nutrition of the whole part is improved. So much, then, for the experimental evidence; but that afforded by pathology is none the less clear in its refutation of the claims made for the influence of the vaso-motor nerves on nutrition. If it can be shown that in certain cases vaso-motor paralysis exists without trophic lesions the independence of these two conditions might be considered demonstrated. Now the first of these conditions is undoubtedly present in a large number of cases of infantile paralysis. It has been shown of late years that the seat of the lesion in these patients lies in the anterior horns of the grey matter of the cord, and most probably in the ganglion cells which are found in this situation. Further, it is well known that many of the vaso-motor nerves leave the spinal medulla by the anterior roots as low down as the eleventh dorsal. These nerves, then, are *a priori* likely to be affected by the lesion in the cord, and it is a matter of clinical observation that the skin over the paralysed muscles is generally congested and its temperature raised, although later on it becomes cold and blue. But infantile paralysis is never accompanied by changes in the nutrition of the skin, always excepting chilblains. There are no subcuticular whitlows, no herpetic eruptions, no loss of hair, and no glossy fingers. Yet, were these lesions dependent on loss of a proper vaso-motor supply, we might fairly expect to find them present in at any rate a certain proportion of these cases, whereas they are conspicuous by their absence. And, on the other hand, we have the testimony of the best authors to prove that trophic changes may be present and the vaso-motor supply still intact. On this point Weir Mitchell[5] writes: "If the vaso-motor nerves were alone responsible for the existence of all the lesions which follow nerve wounds, it would be reasonable to expect always to meet with some rise or fall in temperature. Such, however, is not the case, and I have frequently met with profound trophic changes unattended by thermal perturbations, and the same remark has been made by other neuro-pathologists."

With regard to the second theory, that the wasting and degeneration are due to non-use of the part, it will be well to turn to the case of the muscles, and the claims made for this explanation may be readily set aside. The most distinctive characters of the atrophy following division of a motor nerve are the rapidity of the onset and progress, and the fact that it is accompanied by "degeneration" of the muscle-fibres, so that the affected muscle will not react to faradism, but will do so to galvanism. Now, on the other hand, we have innumerable cases of injury to the spinal cord, of hemiplegia and paraplegia, in which, so long as no destructive disease is in progress in the cord below the seat of the lesion, the paralysed muscles maintain very nearly their normal bulk and do *not* give the *degenerative* reactions to electrical stimuli. Yet these muscles are equally powerless as those whose motor nerve is divided, so that, were the atrophy due to simple non-use, it ought to accompany the one lesion as frequently as it does the other.

Both the third and fourth theories involve the belief in the presence of a direct nervous influence over the process of nutrition, and may be considered together. From an anatomical point of view, the distribution of the terminal nervous filaments to the cells themselves of the different glands, to muscle and connective-tissue fibres, &c., would render it extremely probable that they are intimately concerned both with their functional and vital powers, and a well-known experiment lends proof to this supposition. If the fifth nerve of a rabbit be divided within the skull, the section is followed in about twenty-four hours by a cloudiness of the cornea, and subsequently by a destructive inflammation of the eyeball, frequently by ulceration of the mucous membrane of the lips, gums, and nose. Considering that division of the fifth nerve necessitates an anæsthetic condition of the corresponding side of the face and of the parts involved in the inflammatory process, it seemed at first quite probable that the destructive changes occurring in the eye were the result of an inability to perceive and remove any irritating substances which might be lodged upon it. Snellen accordingly reinvestigated the subject, and expressed his belief that, with due care in protecting the eyeball, the subsequent

[2] Thèse d'Agrégation.

[3] Des Lésions Trophiques consécutives aux Maladies du Système Nerveux.

[4] Lister: Phil. Trans., 1858. Geltz: Pflüger's Archiv, vols. viii. and xi., 1875.

[5] Op. cit.

inflammation might be avoided. His results have not, however, been obtained by others, and more recent investigations by Merkel have placed the matter in a rather plainer light. This observer states that the fibres, division of which causes the inflammatory conditions above described, are collected together in a small bundle on the inner side of the fifth nerve. If they alone be divided, while the rest of the nerve is intact, sensation of the corresponding side of the face is not lost, but destructive changes occur as before; and, on the other hand, if this bundle be left, but the rest of the nerve be divided, no trophic troubles follow, though anæsthesia of the face ensues. It is therefore assumed that the small tract of fibres alluded to are essentially "trophic."

The numerous experiments bearing on the secretions of saliva by the submaxillary gland also tend to prove the reality of the trophic influence of nerves. When all of those supplied to the above-mentioned gland are divided, and a so-called "paralytic" secretion is set up, the gland tissue ultimately degenerates. This degeneration is not due to cessation of function, for the gland continues to secrete so long as it is able. It may also be proved that secretion (which is but a variety of nutrition) may be started by stimulation of the nerve going to the gland, under the most varied conditions of blood supply, or even in the entire absence of any such fluid. It therefore appears that, in the presence of a copious blood supply and of a continuance of the functional activity, division of the nerves will yet cause an atrophy of the gland structure; while, on the other hand, the presence of the nerves alone is sufficient for the temporary maintenance of the salivary secretion, or, in other words, of the nutrition of the salivary gland.

The argument that the lesions of the skin are due to physical causes, such as pressure, heat, &c., applied to an anæsthetic part, cannot be maintained in its entirety. I have already stated that in some of the cases which have come under my own notice, some external injury has been the starting point of an ulcer or inflammation of the finger; but this is not the case in all, and does not, indeed, apply to many of the trophic changes, such as loss of hair, herpetic eruptions, and others that might be mentioned. Again, in these cases lesions occur while the patient is under observation, and frequently while the extremity is bound up in bandages, &c., which obviate all external influences. Lastly, ulcers, whitlows, &c., are more particularly prone to make their appearance very early after the date of the nerve injury, whilst the anæsthetic condition of the skin, to which they are supposed by some to be due, is much more permanent, and indeed exists under conditions such as manual labour, &c., which might fairly be expected to predispose to inflammatory conditions in a part insensible to pain. Yet, as the anæsthetic condition outlasts the tendency to trophic change, the latter can scarcely be said to be dependent on the former. Many of these arguments have already been used by Dr. Poore in THE LANCET of May 19th, 1877, and to his paper I am much indebted for many suggestions.

Against the theory of the trophic influence of nerves, it has been argued that some tissues—e.g., cartilage and fat—whose nerve supply is either very scanty or entirely absent, get along very well under such conditions, and that therefore nutrition is independent of neurotic influence. Such is by no means necessarily the case, and, indeed, the changes which occur in the above-mentioned tissues after nerve section argue the contrary. Further, it is no argument to say that because any tissue maintains its nutrition, although unconnected with the nervous centres, therefore those which are supplied by nerves can afford to do without. It is only fair to suppose that the more highly developed a structure the more dependent it is on the accurate working of every component part.

All other theories failing, we are therefore driven back to the conclusion that the nerves exercise a direct trophic influence over the tissues. Where, then, is this influence generated, and what are the conditions essential for its integrity? These questions may be briefly answered by stating that so long as any tissue is connected to a healthy nerve centre by healthy nerve fibres its normal nutrition is preserved. Each tissue, then, has its own centre of nutrition in the ganglion cells from which its nerve fibre springs, the tissue, the fibre, and the cell being considered—as Dr. Poore puts it—to be one nutritive unit. One question which offers itself for solution is whether the ganglion on the posterior root acts as a centre for nutritive functions; but the answer must be that, though it may do so, yet *all* the trophic impulses are certainly not generated in it, as is proved by the fact that many of them follow lesions of the cells in the cord itself.

But it may be considered necessary to still further localise the situation of the trophic cells of each fibre, and it only remains to be shown that the latter are not situated higher up the cord than the point at which each of the nerves takes its origin. Simple section of the spinal cord, however, above the point of junction of any particular nerve root, does not in any way interfere with the nutrition of the parts to which the same is distributed; whilst, on the other hand, any lesion involving the nerve cells, from which the fibres take their origin, results in trophic changes in the peripheral tissues. Thus it has been shown by Charcot, in his "Leçons sur les Maladies du Système Nerveux," that in hemiparaplegia there results, on the same side as the lesion, atrophy and degeneration of muscle with disease of the joints, and on the opposite side anæsthesia with acute bedsore, and MM. Déjérine and Leloir, in the *Archives de Physiologie* for 1881, have demonstrated that in cases of acute decubitus the nerves themselves had undergone a degeneration, thus placing the tissues to which they were distributed in a condition similar to that which results from nerve section. Again, in infantile paralysis, a disease in which the cells of the anterior cornu undergo destructive changes, atrophy of the muscles is the most marked symptom, and there can be no doubt that the nerve fibres also degenerate, for transverse sections of them show an increase in the connective tissue and a corresponding diminution of nerve fibres. This condition is evidently the result of a degeneration of the motor nerves, their atrophied remains being seen amongst the normal sensory fibres.

But, granting that the nerves exercise a special control over nutrition, the nerve injury may be supposed to affect the latter in one of two ways: first, by irritation of the trophic fibres; and, secondly, by cutting off the permanent trophic influence which is constantly supplied. Professor Charcot is at present the most notable supporter of the first view; others who formerly held to it, foremost of whom is Dr. Weir Mitchell, having given their adhesion to the latter explanation. In this particular Charcot follows the teaching of Samuel, who thus states his opinion: "The sudden increase in the action of the trophic nerves beyond their ordinary physiological action occasions a rapid development of all nutritive processes throughout the parts to which they are distributed. Acute irritation of these nerves gives birth to a series of abnormal products simply because it stimulates to the highest degree the nutritive processes. The tissues suddenly tumify, the cells increase rapidly, they divide and multiply, and hence the formation of new structures, which no longer resemble the parent one. We are accustomed to name this *tout ensemble* of phenomena inflammation." Under this belief Charcot states his opinion that muscular atrophy occurs most frequently "after contusions, punctures, and incomplete sections of the nerves—that is to say, after traumatic causes which are most liable to produce neuritis, or at any rate neuralgia"; and this is also his opinion as regards other trophic lesions following nerve injury. But this theory is in no way borne out by facts, and I have no hesitation in saying that in by far the larger number of nerve injuries which I have examined, and which have shown trophic lesions more or less marked, the section has been complete, and there has been no reason whatever to suspect any neuritis or neuralgia. Moreover, in most of the cases described by other writers similar conditions have existed. This explanation of Samuel, then, is theoretical; but even on a theoretical ground it falls through; for, as Vulpian has pointed out, the nerve fibres below the seat of section or other injury rapidly degenerate. How, then, can they convey the necessary irritative impulses? I think, therefore, that it may safely be assumed that nerves do exist which exert a direct trophic influence upon the tissues, and that the currents which convey the same are constantly passing. The only question that remains to be considered is whether the existence of special nerve fibres is necessary for the conveyance of trophic impulses, or whether the ordinary sensory and motor tracts suffice. It has been shown that there is nothing incongruous in the idea that any given nerve fibre can convey currents either centripetally or centrifugally, so that there is no *primâ facie* reason why the nerves of motion and sensation should not be amply sufficient for the purpose. And, considering that

trophic disturbances very rarely, if ever, occur without some interference with the sensory and motor functions, there is strong probability that the same fibres are capable of conveying the different impulses which are generated in the centres. This point, however, requires further investigation.

STRETCHING THE SPHINCTER IN APOPLEXY.[1]

BY JOHN W. TEALE, M.A.OXON., F.R.C.S.

ON June 8th, 1886, I was summoned by a gentleman to see his wife, whom he had brought from the Midland Counties to place under my care. The lady, aged sixty-four, looked very ill, and was in a highly nervous state. She had a waxy, yellow complexion, and looked wan, anxious, and careworn. She said she had suffered much from constipation, had had severe attacks of what she called "angina pectoris," and that she lived in perpetual dread of having accumulations in the bowels, from which she had suffered. She was clearly possessed of considerable intellectual powers, and when she could forget her physical troubles she was bright and animated. My routine treatment of mild alteratives, stomachics, and aperients proved a complete failure. Mild remedies were ineffectual; more severe ones produced vomiting. So after a few days of fruitless efforts to relieve the bowels, I examined per anum, and found, as I rather anticipated, a very tight sphincter. With considerable difficulty I passed a finger through it into the rectum, which I found distended and loaded with hardened fæces—the cause, no doubt, of the straining, discomfort, and sense of weight. In her feeble health, with shattered nerves, an irritable heart, and albuminous urine, an operation seemed inadmissible. Failing this, I could see no course open except by careful and repeated castor oil enemata, &c., to gradually unload the lower bowel and break down the accumulated mass. For some days this was persisted in, with more or less success. Several times a considerable quantity of old fæces was removed, and often the patient had some gleams of returning health and spirits. July 7th, however, proved a very trying day. No relief could be obtained. In the evening Mrs. E——, with her maid's assistance, gave herself two injections, which were ineffectual, in spite of considerable straining. About 10 P.M. she became very restless and excited, and almost beside herself, wandering from room to room, scarcely recognising those about her, constantly making attempts to relieve the bowels. About 6 A.M. on July 8th, whilst on the night-stool, her maid noticed her face twitching, and, on getting her into bed, she said that these twitchings increased until they amounted to violent convulsions, which continued at intervals. I was sent for, and saw her with my friend, Mr. Beverley, at 6.50 A.M. We found her with slight but well-marked symptoms of paralysis of the left side of the face, which gradually became more decided in character, extending to the left arm and leg. The pupils were regular, somewhat contracted, slightly sensitive to light. There was no stertor, but insensibility was complete. Every few minutes there was a convulsive attack, commencing with twitchings of the left side of the face, extending gradually to the left arm and leg, and then becoming general over both sides of the body, and gradually relaxing without pursuing any definite order. A copious enema of soap and water and olive oil was given, which was retained. At 10 A.M. the enema was still retained, the convulsive attacks continued every few minutes, were more frequent and violent, and insensibility complete. On examining per anum, hardened fæces could be felt floating about in the enema fluid, though, even in her insensible condition, so tight was the sphincter that the finger could only be passed through it with difficulty, nor would it allow a drop of fluid to escape.

Happy thought—why not operate now? In this insensible condition no ether would be required. Nothing could be worse or more hopeless than the present state of things; any change must be for the better. So I stretched the sphincter freely. Immediately the enema fluid poured out, followed by a copious mass of offensive fæces of various stages of antiquity. The convulsions continued as before. At 11 A.M. some beef-tea and forty grains of bromide were injected and retained. At 1 P.M. this injection was repeated. The urine was drawn off by catheter, and on boiling was almost solid albumen; and ice was applied to the head. The convulsive attacks continued pretty regularly until 1.30, when they ceased after the second dose of bromide, and there were slight natural movements of the right side, but none of the left. Temperature 103°; pulse 120, small and weak. In the evening there was another extensive action of the bowels; patient still unconscious.

July 9th.—Fair night; no return of convulsions; bowels again acted freely. Pulse 110; temperature 99·3°. Has slightly moved her left leg. Suppositories given at intervals.

9th.—10.30 A.M.: Patient can swallow sips of water; seems to recognise her husband. Iced water given to moisten the lips.

10th.—When Mr. Beverley saw her at 5.30 A.M. she had passed a restless night; pulse very poor and scarcely countable, about 200; respiration 40. She looked very like sinking, but revived with some essence of beef, with a few drops of brandy added, which she could now swallow.—9 A.M.: Pulse rallied, more regular, 110.—11.30: Suppositories continued. Essence of beef and iced milk and soda given. Gradual return of consciousness after fifty-four hours. Looks eagerly for fluid.

The urine had to be drawn off by catheter for the next three or four days, but the amount of albumen soon became merely nominal.

Mrs. E—— slowly recovered. For some days she misplaced names and words. The right side of the body soon regained power, the left more slowly, and still remains markedly weaker than the right. In about three weeks she returned home. She has again recently visited Scarborough for two or three weeks. The bowels now act easily and naturally without purgatives. She suffers much at times from mental depression, but is clear and animated, and can walk a mile with her husband, sit in a boat with him whilst he catches codlings, and lives out in a Bath chair the most part of the day.

P.S.—I hear that Mrs. E—— died at her home about a month ago. During the early winter she was able to get out in a Bath chair, and, except for fits of extreme despondency, was fairly well, and had little discomfort from the bowels. I think the operation lengthened her life for nearly a year, and also relieved her from suffering. The fact that prolonged constipation from any cause is an important factor in causing apoplexy, when the arterial coats are degenerated, has long been recognised—an argument, no doubt, for the early and effectual surgical relief of affections of the rectum, where they are found to exist.

Scarborough.

[1] Paper read before the Leeds and West Riding Medico-Chirurgical Society, Nov. 5th, 1886.

COCAINE DOSAGE AND COCAINE ADDICTION.[1]

BY J. B. MATTISON, M.D.

THE recent sad story of the Russian surgeon's suicide from sorrow or remorse due to his belief that a patient had died from an overdose of cocaine points a moral, the import of which demands more than a passing notice. No advent in the therapeutic arena during the last decade has been attended with such varied and extensive claims for favour as cocaine. Its marvellous effect in ophthalmic surgery roused a spirit of experimental research in other directions which has added largely to its well-proved power for good; but, as has been well observed, a potency for good implies a potency for harm, and the risk impends of its ardent advocates being carried by over-enthusiasm beyond the limit of a safe regard for the welfare of their patients or themselves, that may imperil an otherwise well-founded success. Surely it is high time to draw the line, to revoice a warning as to the use and abuse of this valued but at the same time toxic drug, lest the roll of alarming, dangerous, and fatal effects from its ignorant or incautious use be sadly extended, and a reaction ensue that, by creating distrust within and without the profession, will damage its good repute, and hinder its use in cases where it would be almost certain of serving us well. And

[1] Read before the King's County Medical Society, Feb. 15th, 1887.

the need of this seems all the more called for in view of opinions expressed during the past year, in certain quarters, affirming the harmless character of cocaine—opinions which, I am convinced, are at variance with well-accredited facts, and should not be allowed to pass uncontradicted.

Cocaine seems to have secured for itself a more than usual share of attention apart from the professional press. One metropolitan daily, in particular, has again and again given its columns to a discussion of the topic, and in a somewhat lengthy article not long ago an "eminent but unnamed specialist"—Dr. Francke H. Bosworth—was reported as saying, "There is not a well-authenticated case on record as yet where cocaine has effected injury." In view of cases cited in this paper, and others elsewhere recorded, such a statement is no longer tenable, and any conclusion based thereon as to the harmless nature of cocaine is misleading and incorrect. And the evidence herewith presented weighs even more heavily against an assertion by Dr. Wm. A. Hammond, at a recent meeting of the New York Neurological Society, in the course of his "Remarks on Cocaine and the so-called Cocaine Habit," when, after narrating his taking of eighteen grains as a subcutaneous dose, he asserted "he did not believe any dose that could be taken was dangerous." What might be the outcome of such an opinion put in practice? The Russian surgeon's error of judgment, fatal to his patient and himself, was largely due to his reliance on the asserted use by other surgeons of large doses without ill effect. Might not a like result follow an incautious dependence on Dr. Hammond's disbelief in the toxic power of cocaine? The *Medical Record* (New York) well said of Professor Kolomnin's case, "The experience, though so sad, may not be without its lesson," and put a very pertinent query as to whether "there are not other surgeons who could report very serious if not fatal results from injudiciously or ignorantly using too large a dose of cocaine." Fifty cases herewith noted attest a power in this drug on some patients that warrants caution with all.

Germane to the subject of acute cocaine toxæmia is that of cocaine addiction—these notes are preliminary to a more extensive paper on cocaine inebriety,—the existence of which Dr. Hammond denies. He took half a dozen doses, at intervals of from one to four days, and says "he acquired no habit." But to argue from that that there is no danger of addiction is absurd. Such evidence is worthless. Dr. Hammond might do the same thing with morphia; more, he might take morphia subcutaneously daily for a month or two without creating a "habit"—albeit its ensnaring power is well admitted,—and yet that would not prove its freedom from danger. Not at all; it would merely show his exceptional strength to resist. Many, under a like pressure, would surely succumb. Supporting this opinion, I quote from the last report of Dr. Orpheus Everts (Cincinnati Sanitarium), a gentleman well known in alienistic circles, which report was kindly sent me after my paper was written, who says: "A distinguished physician of New York has recently reported personal experiences tending to discredit the claim that a cocaine habit corresponding to the morphine habit is acquirable. The judgment of this distinguished physician is based upon the evidence of personal experience reported by himself, he having failed to acquire the habit, or any especial fondness for the specific effects of the drug experienced by the hypodermic injection of one, two, three, and finally eighteen grains of the salt, on five or six different occasions in the evening before going to bed. But for the great reputation of this physician as an author and observer of facts, this denial would have but little weight. The testimony is both bad and insufficient. Bad, because reported by himself: the testimony of an intoxicated person respecting his experiences while intoxicated being proverbially untrustworthy; and insufficient, because the experiment was not continued long enough. Many instances might be cited of total failure to establish the morphine habit or habitual drunkenness by the use of six or seven doses of morphine, or six or seven drinks of whisky, one a day, for six or seven days in succession. It is often the case that such experiences end with disgust for the drugs used, instead of a desire to continue their use. There is also much and accumulating testimony by competent observers to the fact of such a habit as is alleged respecting cocaine, which a single opinion will not invalidate, however worthy of consideration."

Cocainism is not the outcome of using the drug at long intervals. Its transient effect and the demand of an impaired nerve status compel frequent taking—more than alcohol or opium,—so that *habitués* have been known to take it ten, twenty, or more times daily; and it is this—growing by what it feeds on—that tends to create and continue the disease. In the early days of chloral one point claimed in its favour was a freedom from risk of "habit," a claim long ago exploded, as cases of chloralism well prove; and yet I venture to assert that there are more cases of cocaine taking in this country to-day—less than three years since its arrival—than of chloral after a period more than six times as long. Dr. Hammond says there may be instances of cocainism as rare as chronic tea taking, and of cases with or after habitual alcohol or opium using; but, as for giving up the use of the drug, he believes every cocaine taker could if he chose. The same opinion regarding opium obtains among some medical men, and the only effective argument against such a fallacy is to place those who hold it under power of that drug, and then have them prove their precept by their practice. While admitting that most instances of cocaine taking are, for obvious reasons, in those who have been or are alcohol or opium *habitués*, especially the latter, I maintain there are cases of pure, primary addiction, and that the number is increasing at home and abroad. Foreign writers have noted them, and they will figure in our records. Notes of one such are here given; others are at command. My experience with a number of cocaine cases makes to me two things certain—there is a pernicious power *per se* in this drug, and it finds in the opium *habitué* a peculiar condition that specially favours its ill effects, making it, for such patients, as has well been said, the "devil's own device" to still further enslave. And this opinion is that of others, for it is the testimony, without exception, so far as I know, of those who have had to do with this disease, that as an intoxicant cocaine is more dangerous than alcohol or opium, and that inebriety resulting from its use is more marked and unyielding than any other form. Dr. Shrady, in the *Medical Record* of Nov. 28th, 1885, says: "To some persons nothing is more fascinating than indulgence in cocaine. It relieves the sense of exhaustion, dispels mental depression, and produces a delicious sense of exhilaration and well-being. The after-effects are at first slight, almost imperceptible, but continual indulgence finally creates a craving which must be satisfied; the individual then becomes nervous, tremulous, sleepless, without appetite, and he is at last reduced to a condition of pitiable neurasthenia." Dr. A. B. Shaw, Physician to St. Vincent Asylum for the Insane, St. Louis, asserts: "Once a man flies to cocaine for relief from 'cares that annoy,' he generally continues with such rapid strides towards such complete subjugation to its bewitching thraldom as but few will ever be rescued from by any power of will which they may be able to bring to their aid." Dr. Everts writes: "It is not only not an antidote to opium poisoning—or, more properly speaking, the organic demand for such drug effects as have been acquired by use,—but is itself a fascinating and dangerous intoxicant, the effects of which may be more difficult to counteract and renounce than are those of opium or its derivatives." Dr. Hughes declares it "a remedy to be used with extreme caution and prudence internally, and the large doses reported as having been given are not ordinarily safe. It will bear watching. It crazes and kills quicker than opium. The possibilities for immediate harm are only not great, but the likelihood of remote damage when tolerance is established is not small. The cocaine habit, more pernicious than the morphine neurosis, is the certain entailment of its frequent administration, and its thraldom is far more tyrannical than the slavery of opium." Erlenmeyer calls cocaine the third scourge of humanity, alcohol and opium being the first and second; and Erlenmeyer is right as to toxic neuroses. He says: "Its characteristic effects are vaso-motor paralysis, accelerated pulse, profuse sweats, dyspnœa and syncope, failure of general nutrition, eyes sunken, skin cadaveric, with mental trouble that sometimes needs restraint"; and I am positive, from cases under my care, that he is correct. I think it for many, notably the large and enlarging number of opium and alcohol *habitués*, the most fascinating, seductive, dangerous, and destructive drug extant; and while admitting its great value in various disordered conditions, earnestly warn all against its careless administration in these cases, and especially insist on the great danger of self-injecting, a course almost certain to entail added ill. To the man who has gone down under opium, and who thinks of taking to cocaine in the hope of being lifted out of the mire, I would say, "Don't," lest he sink the deeper. I have yet to learn of a single instance in which such an effort reached success,

but know of many cases where failure followed, or worse—cocaine or coca morphia addiction. And the need of caution against free and frequent use obtains in other cases, for there may come a demand for continued taking that will not be denied.

To summarise. Cocaine may be toxic, sometimes deadly, in large doses. It may give rise to dangerous, or even fatal, symptoms in doses usually deemed safe. The danger, near and remote, is greatest when given under the skin. It may produce a diseased condition, in which the will is prostrate and the patient powerless—a true toxic neurosis, more marked and less hopeful than that from alcohol or opium. Such being my belief, I regard Dr. Hammond's statements mistaken and his conclusions rash and dangerous.

Brooklyn, New York.

MANIPULATION WITHOUT INCISION AS A POSSIBLE TREATMENT IN CERTAIN CASES OF STONE IN THE KIDNEY.

BY WILLIAM H. BENNETT, F.R.C.S.

IN connexion with the recent discussion on Renal Surgery at the Clinical Society, the following case—which, had time allowed, I intended to have mentioned—presents, I venture to think, some points of interest.

An unmarried woman, thirty years old, of a spare habit and nervous disposition, came under my care as an out-patient at St. George's Hospital in September last, complaining of symptoms which led me to suspect that she was the subject of a calculus in the left kidney. At the same time she presented several indications of "hysteria," and stated that she occasionally suffered from fainting attacks, which were quite unconnected with the symptoms on account of which she applied for treatment. Upon examining the abdomen, which was very thin, deep pressure over the left kidney caused considerable sharp pain and threw the superjacent muscles into rigid contraction. The kidney could be distinctly felt and moved with the hand, and seemed of the natural size and form. Taking into consideration the hysterical tendency of the patient, I was unable to decide, in the absence of any very marked abnormality in the urine, with the exception of a very slight deposit of mucus and pus, whether the case was really one of renal calculus or not. Seeing, however, the ease with which the kidney could be felt, partly by reason of the thinness of the patient, I determined, as drugs afforded no relief, to ensure complete relaxation of the abdominal parietes by the administration of an anæsthetic, and then manipulate the kidney as freely as possible, without previously exposing it by incision, with a view, if the case were one of calculus, to disturbing the stone, and, if it were not too large, perhaps bringing about its passage down the ureter, or, in the event of the symptoms being "hysterical," with the hope of producing a mental effect upon the patient sufficient to relieve her distress. She, however, declined the anæsthetic, and I was compelled to attempt the manipulation without its aid. The patient having been laid on her back upon a couch, the fingers of my left hand were dipped deeply into the abdominal wall over the kidney, the right hand being pressed forwards into the loin. By a little management, the muscles being quite flaccid from the patient having become faint, the kidney could be felt quite easily between the two hands, and was kneaded as thoroughly as the circumstances allowed. The patient, although much discontented with the aching and tenderness which the operation seemed to have caused, was well enough to walk away almost directly afterwards.

Two days later she reappeared at the hospital in a more grateful mood, saying that, having suffered much discomfort for the rest of the day after the manipulation, she was seized as she was going to bed with a most acute pain in the affected loin and side of the abdomen. The pain lasted for about half an hour, during which she vomited twice. All at once an uncontrollable desire to micturate occurred, and the pain immediately ceased. No further pain followed, and there can be little doubt that a small calculus had made its way down the ureter into the bladder, although no evidence of its having passed "per urethram" was forthcoming. Moreover, it is quite possible that the manipulation had moved the stone from its resting place in the kidney, and thus brought about its expulsion.

I am aware that an isolated case like the above cannot be taken to necessarily prove much, since the passage of the calculus may have been a mere coincidence; at the same time I am strongly disposed to attribute the result to the manipulation. This view receives some corroboration from a case which was under the care of one of my colleagues, in which the kidney was exposed and examined without the detection of a stone, although shortly afterwards an attack of renal colic was followed by the expulsion of a very small calculus, which had probably been disturbed during the exploration. Other similar cases have, I believe, occurred. As bearing on the same point, I may here say that it seems most probable that when relief has followed the exposure and manipulation of the kidney without the detection of a stone, the result has been due to an alteration in the position of the calculus produced by the kneading to which the organ has been subjected. That calculi of *considerable size* may be overlooked both in the lumbar and combined abdominal and lumbar operation for exposing the kidney when the organ is examined by the fingers only is certain, and it is, I believe, from our experience at St. George's Hospital, equally certain that only stones of the smallest size can escape detection when the kidney is thoroughly explored by acupuncture—an operation which has been at present associated with risks which are hardly more than problematic, and at all events less serious than the danger which exists of overlooking calculi of no small size when digital examination is alone employed. Manipulation of the kidney through the parietes without previous incision is possible in certain cases, the number of which is far larger than is generally supposed, when the abdominal walls are not too much loaded with fat, and the muscles have been completaly relaxed by the administration of an anæsthetic. Indeed, I believe the kidney to be, as a rule, far more movable and less fixed in the loin in the living subject than it is usually described to be. In conclusion, I venture to suggest that manipulation without incision is a proceeding worthy of trial as a treatment which may possibly prove of utility in certain cases of renal calculus, not too far advanced, as a means of changing the position of the stone and perhaps effecting its expulsion—a possibility, to my mind, sufficiently strong to commend the process to the attention of physicians as an adjunct to the medical treatment of renal calculus.

Chesterfield-street, Mayfair, W.

WILL THE KNEE JERK DIVIDE TYPHOID FEVER FROM MENINGITIS?

BY ANGEL MONEY, M.D., M.R.C.P.,
ASSISTANT PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN AND TO THE VICTORIA PARK CHEST HOSPITAL.

DR. HUGHLINGS JACKSON asserted a month ago at the Medical Society of London that loss of the knee jerk might prove of service in the diagnosis of meningitis from typhoid fever, for he had never known the knee jerk to be absent in typhoid fever, whilst he had found it to be wanting in cases which the necropsy ultimately proved to be meningitis. Our "friend in need," the knee jerk, indeed, appears to be considering its apparent triviality of as much, if not more, value than almost any other clinical phenomenon.

At the same meeting of the Medical Society at which Dr. Jackson's announcement was made, Sir Dyce Duckworth seemed to put a damper on the President's suggestion by asserting that the knee jerk might be absent in undoubted typhoid fever. Two years ago I recorded in THE LANCET my experience of the reflex actions and other nervous phenomena in typhoid fever, phthisis, and other continued fevers (pp. 843 and 1069, vol. ii., 1885), and I can only add that further experience does but confirm what I then stated to be the condition of the reflexes and muscles in these various diseases. The suggestion forces itself upon us that prolonged pyrexia with all that it involves, whether in the way of direct deterioration of protoplasm by the fever heat, or of indirect deterioration of the same by collateral consequences of the pyrexia, is the cause of the very general exaggeration of the deep reflexes and muscular irritability to be found in the diseases mentioned. I

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have not seen a case of typhoid fever in which the knee jerk was lost; though the jerk may have been absent on the day or so preceding death in fatal cases, which are rare at the age at which tubercular meningitis is common. On the other hand, tubercular meningitis does not always cause the disappearance of the knee jerk. Sometimes the knee jerk is increased in cases of undoubted tubercular meningitis, but only, I believe, when the child is unconscious or nearly so. I have even observed, in company with Dr. Gee, that tapping of the patella tendon on one side caused powerful contraction not only of the quadriceps extensor of the same side, but also of the adductors of the thigh of the opposite side, in a case of tubercular meningitis. Such phenomena will not be found to be very uncommon if they be diligently searched for. I have myself seen them in diphtheritic paralysis, as well as in tubercular meningitis and phthisis. In order to answer so far as is possible the question which forms the title of this brief communication I shall formulate the following propositions: Given a case of fever with morbid mental phenomena, without a typical rash, optic neuritis, or choroidal tubercle, or any sign of cranial nerve paralysis or irritation, if the knee jerk is lost on both sides during the illness, and the wasting of muscle is unattended with loss of response to the faradaic current, the diagnosis should be meningitis rather than typhoid fever. If the knee jerk be exaggerated, and if there be ankle clonus, no certain conclusion can be drawn, for these conditions occur both in typhoid fever and in meningitis (and other conditions). But I am inclined to assert—though on this point I desire further observation and investigation—that increase of the jerks (with or without ankle clonus), accompanied by lively spontaneous flickerings (fibrillar contractions) of the muscles, is much more likely to be due to prolonged pyrexia than to direct disturbance of the nervous functions from meningitis or other nervous irritation. If typhoid fever be complicated with myelitis or meningitis—complications of rare occurrence—then the jerk may be lost, but with a fairly large experience (I have carefully tested the point in twenty-five cases) I have never known it to be absent; whilst in tubercular meningitis its disappearance for a few hours, or a day, or a few days, is by no means rare. A variable state of the knee jerk—e.g., one day present, next day absent, and a third increased—points to meningitis, not fever.

To make what may be considered a curious comparison, I should think that the differential diagnosis of meningitis from mere fevers might be assisted far more by the state of the knee jerk than by the swelling of the spleen; for unless the splenic enlargement be enormous, tubercle as well as typhoid fever and other diseases—e.g., pyæmia—will account for the splenic swelling; whereas absence of the knee jerk, or rather ascertained disappearance of the same, is practically never met with as the simple outcome of prolonged pyrexia.

Harley-street, W.

A CASE OF HYDROPHOBIA IN A CHILD.

BY R. A. JAMIESON, M.A.,
CONSULTING SURGEON TO THE IMPERIAL MARITIME CUSTOMS IN CHINA.

L——, an English child, male, aged three years and a half, was knocked down by a stray dog on January 4th, 1886, and severely torn about the face by the animal's teeth and claws. The mouth was laid open through the lower lip by a perpendicular cut beginning at the left angle and extending an inch and a half downwards; and through the upper lip by an almost horizontal cut, about one inch in length, reaching from the right nostril towards the left side. The skin and areolar tissue of the right lower eyelid were torn from the muscle, leaving a narrow border of skin perhaps one-sixth of an inch wide below the ciliary margin. The portion thus torn formed nearly a semicircle of one inch radius, the centre corresponding to the middle point of the edge of the lower lid. It was split more or less horizontally by a laceration extending from the internal canthus about half way across the flap, and was rolled into a ball at the inner angle of the orbit, being retained by two slender points of attachment separated by the horizontal laceration, and corresponding to the anterior edge of the lacrymal bone. When unfolded, the flap was bruised and cold, and its external extremity severely crushed. Under chloroform it was replaced, and the edges sutured and smeared with iodoform ointment. The other wounds were united and covered with collodion. On Jan. 23rd all the wounds had healed, but in consequence of sloughing of the external edge of the flap some slight eversion of the lower lid was threatened. Bleeding had been profuse from all the wounds at the time of the accident. Taking this and the condition and position of the injury to the lower lid into consideration, I did not cauterise the exposed surfaces. It was subsequently remembered that on the 26th and 27th (twenty-third and twenty-fourth days) the child made excuses not to drink milk or tea. He ate, however, porridge and milk, bread and soup, &c. On the 28th he ate a quantity of fruit, and seemed to suffer from indigestion. Some castor oil was administered with great difficulty, and he had a warm bath. When he was on the point of being put into the bath he sprang from his mother's arms in apparent fright, and climbed up the back of a high chair "like a monkey." He soon, however, came down, got into the tub himself, and wished to stay in the water. Next morning (29th), when coaxed to take some milk, he would only answer, "by and by," and when at last persuaded to make the attempt he pushed the cup from him. There was no spasm, no mucus in the fauces, and no aerophobia. During the day he repeatedly asked for milk &c., but refused everything as soon as it was brought, and was very restless and peevish. A mustard bath was administered at some friend's suggestion, and it did not frighten him. At 7 P.M. he was extremely nervous, and his legs were trembling. There was no intolerance of light (in fact he seemed pleased to look at the gas), and he paid no attention to the splashing of water close by him. At 10.30 P.M. he was delirious and saw spectres. The slightest touch on the head now produced spasm of respiration. At 11.15 P.M. the following note was made: "Frequent spasmodic arrest of breathing, immediately followed by forced inspiration in a series of short gasps. He starts up, momentarily stiff in all his limbs, but there is no clonic convulsions. His expression is maniacal, and he agitates his hands battling with spectres. This lasts for about forty-five seconds, when he becomes calm, recognises the people round him, and talks rationally, asking his father, for instance, to 'send the doctor away,' and replying, when a drink was offered him, that he did not want it. Between the grand attacks he has minor seizures, due apparently to spasm of the fauces; he retches violently, but brings nothing up." At 11.30 P.M., and again an hour afterwards, injections of one-tenth of a grain of morphia each time were administered, but with hardly perceptible effect, the pupils remaining dilated rather than contracted. On the 30th, from 1.30 to 5.30 A.M. he spent in spasm of the entire body, so violent as to jerk him out of his mother's arms and fling him two feet from her on to the bed on which she was sitting. At 4 A.M. he began to hawk up viscid mucus, which collected at the corner of his mouth; asking constantly for milk, but refusing it before it could be brought. At 5.30 A.M. one-tenth of a grain of morphia was injected. He did not during this period seem to lose consciousness under the attacks, and in the interval he was perfectly sensible, and his voice was unaltered. He passed urine three times between 1 and 5 A.M. standing up, and was not affected by the sound of falling water. The urine became milky on boiling; it was cleared by a drop of nitric acid. An attempt to relieve thirst by a warm water enema had to be abandoned, as it induced violent general spasm. Thinking it better to keep the room dark, the gas was lowered, but the change in the light brought on a spasm, and he begged that it should remain bright. At 6 A.M., the last dose of morphia showing no effect beyond causing moderate contraction of the pupils, the saliva becoming more and more abundant, the spasms more violent, frequent, and prolonged, and death seeming imminent, I again gave one-tenth of a grain. All the injections were given in the right buttock. There appeared to be complete insensibility of the skin in this region, as the child made no complaint of the needle prick. Immediately before giving this injection the following note was made: "Each spasm begins with a gulp, followed by the appearance of a little froth at the corners of the mouth. He then momentarily ceases to recognise the people round him, sees some terrifying sight, the lips become livid, he opens his mouth widely in prolonged effort to get air, and a quantity of viscid saliva is suddenly secreted which he hawks up. The end of the attack is marked by his speaking about some indifferent thing in a clear, strong, and natural voice. Conjunctivæ injected face pale, lips ashy."

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The breathing now became deep and regular, and colour returned to the cheeks and lips. He seemed to sleep until 7 A.M., when he roused and asked for some toys. At 7.30 there was an extremely severe seizure, caused apparently by a sudden profuse secretion of mucus in the fauces. This collection, after a tremendous effort, he swallowed. He spoke of some water which he saw in a glass standing on the mantelpiece six or eight feet from him, but was not affected by looking at it. Another attack threatening at 7.35, I again gave one-tenth of a grain of morphia. He remained quiet, talking occasionally, and vomited some brown fluid. At 7.50 he inquired whether I had gone away, and then asked to be held so that he could see the gas. At 8 A.M., without loss of consciousness, there was a clonic convulsion of the left arm and of both hands. Both thumbs were flexed into the palms, but not firmly. Secretion in fauces more and more profuse, but no spitting. Breathing consisted of violent shallow inpirations, rapid expiration, and long pauses. Vomiting of brown fluid continued, which was now darker and contained altered blood. At 8.30 A.M. a grand attack was imminent. Morphia was again given, after which he dozed. No further violent spasms, but constant starting and continual vomiting. Pupils slightly contracted. At 10 A.M. corneæ muddy, and commencing ulceration of lower external quadrant on left side. Profuse muco-purulent discharge from conjunctivæ. Large quantities of grumous fluid vomited. No further secretion of mucus in the fauces occurred. He lay quietly in bed, disturbed from time to time by convulsion of the left side of the body and face until now, when in a violent and general convulsion he died.

I have detailed this case with what may seem tedious minuteness; but while it falls to the lot of but few practitioners to observe any considerable number of cases of hydrophobia, there are scarcely any opportunities for observing the disease in infancy. This fact may be my excuse. It is only in childhood that the course of the malady is uncomplicated by the mental condition arising out of knowledge of the inevitable termination close at hand; and although this condition is often, if not generally, betrayed by but few outward signs, it cannot fail to influence the psychical symptoms manifested.

Shanghai.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF HÆMOPHILIA.

BY HERBERT W. PAGE, M.A. CANTAB., F.R.C.S. ENG.,
LECTURER ON SURGERY, ST. MARY'S HOSPITAL.

THE publication by Dr. Skelton of his "Three Cases of Hæmophilia in the same Family" induces me to publish a clinical note of a case recently under my care in St. Mary's Hospital, where the patient was a member of a family in which ten members, males and females, of three successive generations were hæmophilic, and in which there was some departure from the ordinary rule of transmission.

A young man aged twenty-two, tall, anæmic, and thin, was admitted with an extensive swelling of the left thigh reaching from the knee to the groin, and from its physical characteristics evidently due to blood extravasated beneath the muscles. Seven weeks previously he had been laid up with so-called rheumatism in his left knee, which left it stiff; and five days before admission he had stumbled and fallen, and his leg was bent forcibly under him. It seemed to him as if "the flesh was being torn from the bone"; he suffered great pain, and the thigh rapidly swelled. We very early suspected he was a bleeder, and learned from him that he had had profuse hæmorrhage at one time from the extraction of a tooth, that he was subject to epistaxis, had bled furiously some two years ago from the opening of an abscess, and three years before had been laid up for many weeks with a swelling of the right knee, which, he said, was thought at first to be a sarcoma, but which in all probability was an intra-articular hæmorrhage. His high temperature, and the considerable tenderness with some redness at one point of the thigh, led us to fear that suppuration might supervene; and as the necessity for making an incision was above all things to be avoided, the limb was placed at perfect rest on a Macintyre splint, after having been carefully bandaged from toes to groin. He was soon easier, the swelling at once began to diminish, and in seven weeks had entirely gone, some slight stiffness of the knee alone remaining when he was discharged at the end of two months.

His family history was very carefully worked out by my dresser and friend, Mr. Davis; and although it was impossible for him to see the various members of the family, he nevertheless elicited the following facts. Paternal grandparents healthy; maternal grandmother was in early life a bleeder, though in what precise way it was not known. She and her husband were not related to each other, nor were her own parents. She had eleven children, of whom the first, second, fourth, sixth, seventh, and eighth (all males) are dead—a startling mortality; but whether any were bleeders or not it was impossible to discover. As, however, the ninth, a living male, is a bleeder, it seems probable that some of his elder brothers may have been bleeders also. One of these brothers had died in infancy, and none are known to have died of hæmorrhage. The third, fifth, tenth, and eleventh (females) are alive, and all are bleeders. The third child, and eldest daughter, now aged sixty, is the patient's mother, and some of her children alone, of the third generation, are, so far, bleeders. Her family consists of four daughters and three sons. The three eldest are daughters, all bleeders, if a history of severe epistaxis and tooth-bleeding is sufficient to establish this fact. The fourth is the patient; then come a daughter and two sons, of whom none are bleeders. It is true that these three, the younger brother and sisters of the patient, may perchance not yet have had the opportunity of showing their diathesis, but it may be hoped that their immunity is an indication that the hæmophilia is tending to die out. What may have been the original cause of the hæmophilia in the first generation it is of course impossible to say; but this pedigree affords, at any rate, a good example of a morbid diathesis becoming rapidly developed to an extreme degree in the second generation—so much so that the children were affected certainly from the third down to the very youngest member (the eleventh) of the family; and possibly declining again, and it may be disappearing altogether, in the third generation, the three youngest grandchildren not being affected. Of the fourth generation, there are two, a male and a female, children of the patient's eldest sister, who are not bleeders. A noticeable feature, also, in this history is the fact that males and females seem to have been affected in an equal degree, contrary to the supposed usual rule that the males alone or most chiefly suffer, and that when the males inherit the disease it is through their mothers, who themselves remain unaffected.

SOME REMARKS ON A CASE OF SMALL-POX ARISING IN MID-OCEAN.

BY CHARLES J. POWER, M.A. CANTAB., M.D DUB.,
LATE SENIOR HOUSE-SURGEON, METROPOLITAN FREE HOSPITAL.

THE following communication may be interesting in connexion with the leading article on "Small-pox in Australasia," which appeared in THE LANCET of Jan. 22nd of this year.

In April of last year, two days after leaving Aden, a case of variola arose amongst the passengers of the Orient Company's R.M.S. *Chimborazo*. The patient was an Italian (a steerage passenger, who embarked at Naples). Before the diagnosis of variola was certain I had the patient removed to one of the boats, which was partly covered in, and otherwise fitted up for his accommodation. One of the patient's compatriots volunteered to act as nurse, and he was also strictly confined to the boat. No one was allowed to visit the patient but myself, and the part of the deck beneath the boat was fenced off. The food of both patient and nurse was drawn up by the latter, and all scraps of food, dejecta, &c., were lowered down at night and at once thrown overboard. In addition to this, the ship was repeatedly fumigated with sulphur, steam, &c. The supply of lymph on board enabled me to vaccinate all the most urgent cases. As I was the only surgeon on board I had to move about amongst the passengers in the exercise of my duties; but I always kept a special suit of clothes, well sprinkled with carbolic solu-

tion, for visiting the patient, avoided touching him, and took a bath immediately after my visit. On our arrival at Adelaide those of the passengers who had reached their destination were placed in quarantine, and the boat in which the patient was (who was now becoming convalescent, the scabs commencing to fall off, showing well-marked "pits") lowered into the sea, and taken off to a separate island to undergo his quarantine. We subsequently arrived at Sydney, where we were placed in quarantine for three weeks, the time to date from our arrival at Adelaide. All the rest of our passengers were landed on the quarantine ground at Melbourne and Sydney. The patient, who had never been vaccinated, had confluent small-pox, highest temperature 104°, never had any delirium, and made a good recovery. At the commencement of disease there was an uncertain history of vomiting and pain in the back. The "secondary fever" was well marked. None of the passengers, officers, or crew subsequently contracted variola. I believe the main factor in preventing the spread of the disease was the early isolation of the patient. Variola, never easy to diagnose, is rendered much more difficult in hot climates. I have seen cases of "prickly heat" closely simulating variola, and a mosquito bite which has not been scratched has exactly the hard, shot-like feel of a papule in small-pox. Of course these cases will not have the constitutional disturbance which variola usually has, though I have seen constitutional symptoms in bad cases of prickly heat, and these symptoms in modified variola are sometimes, at any rate at the commencement of the disease, very slight. I can strongly recommend the treatment of patients suffering from variola in a boat which is partly covered in, thus forming a tent, provided the climate is suitable.

The Australians have a great dread of variola, yet vaccination is not compulsory amongst the inhabitants. The sanitary authorities made a great point about the vaccination of our passengers and crew. All who had not been successfully vaccinated within two years had to undergo the operation or remain in quarantine for an indefinite period. Some of the quarantine regulations are very strict, but in other matters the sanitary authorities are lax.

Alderney-street, S.W.

CASE OF THYROTOMY FOR EPITHELIOMA OF THE LARYNX.

By W. R. H. STEWART,

AURAL SURGEON TO THE GREAT NORTHERN CENTRAL HOSPITAL, SURGEON TO THE LONDON THROAT HOSPITAL, ETC.

B. K——, aged forty-five, a chimney sweep, came under my care in 1883. A slightly-made, delicate-looking man, married, no children; does not remember his parents; one brother and two sisters living, all healthy; no history of hereditary taint; had been a sweep from boyhood; had suffered from difficulty of breathing for the last six months, which was much worse lately; paroxysmal cough; had lost flesh. When first seen there were marked laryngeal stridor, harshness of voice, and severe attacks of dyspnœa. There were no enlarged glands in the neck. Laryngeal examination revealed a rather large, irregular growth, springing from below the right vocal cord, and projecting across the larynx. A portion removed by laryngeal forceps and placed under the microscope proved to be epithelioma. A preliminary tracheotomy was performed, and when the patient was sufficiently recovered, the growth being large, thyrotomy was determined on. Ether having been administered and a tampon tube inserted in place of the ordinary one, the superficial structures were divided in the middle line, the thyroid cartilage was then carefully cut through in its whole length with a knife (there was no ossification), and the alæ drawn aside with retractors. Through this small opening the tumour was seen to be growing from the under surface of the right vocal cord, and involving the soft tissues around. It was seized with forceps and as much as possible of the tumour, with the vocal cord and adjacent structures, cut away with small curved scissors; the remains of the growth were then scraped away with a sharp spoon, and solid nitrate of silver applied. The hæmorrhage was rather profuse at first, but soon stopped. The alæ were then carefully adapted and brought together with silver sutures, strapping applied to the external wound, a drainage tube inserted, and antiseptic dressings used. The tampon tube was left in for twenty-four hours, after which an ordinary tube was used for a couple of days. The patient was entirely fed for the first week by nutrient enemata. There was no sign of perichondritis, and the patient made an uninterrupted recovery. At the end of the fourth week, when he left at his own desire for domestic reasons, the external wound had completely healed and the internal one was cicatrised over, but up to that time he had not regained his voice. The cartilages, however, having firmly united, would lead one soon to expect a complete return. There was no sign of a recurrence of the growth.

I unfortunately lost sight of the case, as I was obliged soon after to leave England on account of my own health, and subsequent inquiries have failed to find the man. Where possible, either the above operation, or removal of half the thyroid, as illustrated in a case recently published in a medical journal, is, I think, preferable to the extremely fatal one of excision of the larynx. I strongly advise preliminary tracheotomy with retention of the tube for some days after the operation, and also feeding per rectum.

Devonshire-street, W.

HERNIOTOMY IN A VERY YOUNG CHILD.

By J. LIONEL STRETTON.

H. G——, born July 28th, 1886; male child. On Aug. 16th a swelling was noticed in the right scrotum; this was found to be a rupture, and was reduced by my assistant. On Aug. 25th the rupture again appeared, and all attempts at reduction failed. Fæcal vomiting set in, and the child was evidently losing ground. There had been no evacuation, and, so far as the mother could tell, no passage of flatus since the rupture appeared, thirty hours previously to my seeing him. Under such circumstances I determined upon immediate operation. Chloroform was administered and an attempt made to reduce the rupture; this failing, I made an incision over the swelling about three-quarters of an inch in length, and exposed the bowel, which was an exceedingly difficult proceeding in such a small space. The stricture, which appeared to be situated at the inner ring, was exceedingly tight, and required two or three nicks before the bowel, which was in a healthy-looking state, could be reduced. Silk sutures were employed and the wound dressed with oiled lint. Ordered half a minim of tincture of opium every four hours; the mother to continue suckling.—Aug. 27th: Passed flatus last night; no sickness since operation. Temperature normal. Takes breast well. Wound looks healthy.—28th: There were two natural evacuations during the night. Child seems quite well. A little local inflammation round the wound.—Sept. 1st: The bowels have acted regularly. Sutures removed. Slight gaping.—7th: The wound has quite healed; the child has gained much in flesh, and appears to be quite well. There is no bulging, even on violent crying.

Remarks.—This case is remarkable on account of the age of the child, the immediate subsidence of all symptoms after operation, and the rapid recovery. I have been unable to find any account of operation in so young a child; but when I take into consideration all the disadvantages I laboured under in this case I should not despair of success in even younger subjects. He was the child of poor parents, and was brought to my house for me to examine him, and knowing that he was in better air and surroundings I operated at once, and he was carried home in a blanket, and certainly did not receive any skilled nursing afterwards, nor was it possible to prevent the dressings being soaked in urine.

Kidderminster.

A RARE COMPLICATION IN A CASE OF PLACENTA PRÆVIA.

By GEORGE D. LOGAN, M.B. & C.M. ED.

IN July last I was called to see a woman who lived four miles away, and who was said to be in labour and bleeding to death. On arrival I found her blanched and in a cold sweat. Her pulse was quick, irregular, and feeble. I was informed by an attendant that the patient, who was a primipara, had fainted twice, and that the pains were neither so strong as they had been, nor so frequent. She

had an attack of bleeding about three weeks previously for the first time, but it was not severe, and there had been a recurrence of it on one or two other occasions. It was now excessive. On examining per vaginam the placenta was found presenting and slightly detached on the left side, but the os uteri was not very dilatable. Considering this, together with the facts that the liquor amnii had escaped, and that I could not discover the fœtal heart sounds, I made up my mind to detach and extract the placenta, thinking it would give the best chance of recovery to the mother. After having detached the placenta, I could not, however, extract it, but the bleeding was considerably diminished. I now plugged the vagina with lint and administered ether hypodermically, as the stomach rejected everything immediately after it had been swallowed. On removing the plug about half an hour later, the os uteri was more dilatable. There was still considerable hæmorrhage, so I determined to turn and deliver the child. While passing my hand into the uterus the latter suddenly contracted, and after this had passed off the uterine surface felt warmer than the placental, due no doubt to a renewed flow of blood from the uterine vessels. After turning, the child was easily delivered, but it was dead. It now became evident why the placenta could not be extracted; it was intimately adherent to the head of the child. As nearly as could be calculated, the surface of attachment measured in diameter about two inches and a half, and the situation of its centre was a point a little below the posterior fontanelle. The neck of the child was very short, the head having the appearance of being attached to the trunk, without neck at all. The forehead receded very much, so that the supra-orbital ridges became very prominent, as were also the eyes; the bridge of the nose extended upwards beyond the eyes and separated them. The cord was quite natural both at its origin and insertion, and in every other respect the child, which was a male, was well developed. The mother made a good recovery.

Ecclefechan, Dumfriesshire.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

A COMPLICATED CASE OF INTUSSUSCEPTION IN A CHILD; OPERATION AFTER SEVENTY-TWO HOURS; DEATH; NECROPSY; REMARKS.

(Under the care of Mr. DENT.)

THE treatment of intussusception is a subject which has occupied the attention of practical surgeons for years. Whether to proceed immediately to the performance of abdominal section on the failure of the injection of air or fluids into the bowel, or to try again these methods even though the patient is *in extremis*, has been, and still is in many cases, a doubtful point with practitioners. There is no doubt that an early abdominal operation is more likely to be successful than one performed later, when the patient is exhausted by vomiting and early peritonitis. Still, there are cases in which the employment of injection of air or fluid has succeeded when the intussusception has recurred after reduction, and in which this treatment has ultimately proved successful. The difficulty is to determine when the case is one of incomplete reduction or of complete reduction with recurrence of the original condition of intussusception. We would refer our readers to the remarks on this case.

Annie O——, aged six months, was admitted on Jan. 31st last. On the 28th she was seen by a medical man who was told that the child had had symptoms of obstruction for about twelve hours. An intussusception of considerable size was found, easily felt through the abdominal walls and per rectum. The symptoms were not urgent. On the 29th, nothing having passed but mucus, an attempt was made to reduce the intussusception by means of enemata. On the 30th, under chloroform, the same plan of treatment was again adopted. The tumour appeared to be to a great extent though not entirely reduced, for it still could be felt through the abdominal walls. Next day the tumour came down as low as before, and the child being worse she was sent to the hospital for operation.

On admission there was evidence of rather severe abdominal pain and peritonitis. The vomiting was tolerably constant and the obstruction complete. The tumour could easily be felt through the wall of the rectum, low down in the pelvis, but its extent could not be ascertained. In view of the peritonitis it seemed highly improbable that the intussusception could be reduced, and it was decided to open the abdomen at once under an anæsthetic. An incision two and a half inches in length was made in the middle line below the umbilicus. As was expected, the distended coils of intestine protruded immediately the peritoneum was opened, and throughout the operation gave the greatest difficulty. Search was made in the neighbourhood of the right sacro-iliac joint for the obstruction. A double coil of empty small intestine now came into view, and on being traced out was found to be about fifteen inches in length and to pass down to the left side of the pelvic cavity. Further examination revealed that this loop of gut was tightly constricted by the sharp edge of a fold of mesentery attached to the ileum, this portion of intestine being buried deeply down in the pelvic cavity. The sharp constricting edge was cut and the portion of small intestine forming the internal hernia released, though not without difficulty. The child was now so exhausted that it was necessary to proceed with the utmost rapidity. Attention was next turned to the intussusception, which proved to be ileo-colic as well as ileo-cæcal, and six or eight inches in length. The cæcum lay in the middle line opposite the first vertebra of the sacrum, while the transverse and descending colon were dragged down and stretched across the brim of the pelvis on the left side. The entering gut was pretty firmly adherent to the intussuscipiens, and considerable traction was required to draw out the intussusception. The peritoneal coat was slightly lacerated in two places in releasing the intestine. The apex of the cæcum, together with the vermiform appendix, was also invaginated upwards into the ascending colon, the whole of the appendix being buried; this second invagination was easily drawn down. The invaginated bowel was dark, and patches of it were rough from lymph. By hooking the fingers under the upper angle of the wound and lifting the abdominal wall well up, the protruding intestine was easily reduced and the wound closed as quickly as possible. The child, who was almost moribund after the severe operation, rallied considerably after a while. The pulse returned, the limbs became warm, and she began to cry. About five hours later, however, she died very suddenly.

At the necropsy, the coils of intestine were found to be lightly adherent together. The lumen of the intestine was pervious throughout, but the coil of gut that had formed the internal hernia was still empty and flaccid. The edge of the ileo-cæcal opening was stretched and thickened, and the mucous membrane ulcerated. There was no blood in the peritoneal cavity. The other organs were all healthy.

Remarks by MR. DENT.—No cause could be assigned for the intussusception, and the child had previously been in good health. In view of the condition of the parts found at the time of operation and at the post-mortem examination, it is hard to believe that the first attempt at reduction really relieved the obstruction at all. The internal hernia, no doubt, was a secondary affection, and resulted from the dragging down of the colon as the intussusception enlarged. Still, from the appearance of the gut, it must have formed early. The noticeable points of the case are—(1) that the intussusception was ileo-colic as well as ileo-cæcal; (2) the complicated nature of the obstruction; and (3) that it was possible to reduce this completely by operation. In acute intussusception such as in this case, in which vomiting occurred early, abdominal section, to my mind, offers the only prospect of relief. After thirty hours the prospect very rapidly diminishes. The case was from the first attended to promptly, and orthodox treatment was skilfully employed. The child was submitted to operation much earlier than is usually the case, yet the chance of success was very slight, seeing that peritonitis had already commenced. In this, as in so many cases of intestinal obstruction, although the operation was performed comparatively early, the epitaph must still be "too late." There is, I think, more tendency to procrastinate in cases of

intussusception than in other forms of obstruction, and this record may therefore prove instructive. The hope that the invagination may slough and come away is a very delusive one; for, as Mr. Treves has pointed out, only a small proportion of patients in whom this occurs actually recover. Obviously in this case the obstruction would still have existed, even though the intussusception had sloughed off. The greater the number of cases recorded, the more will knowledge advance; and the more knowledge advances, the more will the principles that guide the treatment of internal and external strangulated hernia tend to assimilate.

CROYDON INFIRMARY.

A CASE OF ACUTE INTERNAL STRANGULATION.

(Under the care of Mr. F. W. CLARK, L.R.C.P., M.R.C.S.).

F. B——a Polish Jew, aged twenty-nine, was admitted into the infirmary on Tuesday, July 6th, 1886, at 5 P.M. He was a fairly well nourished man, a painter by trade, and on admission he complained of great pain in the abdomen and intense thirst. His face had a drawn and anxious expression; there was pallor of the surface; the tongue dry and coated; and he lay in bed on his back with his knees drawn up, and was evidently in great suffering. The abdomen was distended and tympanitic, and was tender all over, but especially so over the hypogastric region. The pulse was small, hard, and rapid—"wiry,"—and the respiration thoracic. The patient dated the onset of his illness from the previous Saturday (four days), on which day he had partaken largely of some tinned salmon, and since that meal he had suffered from pain in the abdomen, which had gradually increased. There was no history of vomiting, but it was elicited that his bowels had not been opened since the onset of the pain in the abdomen. There was no external hernia. The patient asked repeatedly for a catheter; a No. 10 silver English catheter was accordingly passed into the bladder without any difficulty, and four ounces of clear, high-coloured urine were drawn off, containing no traces of blood. Turpentine stupes were at once applied to the abdomen, and he was given a grain of opium by the mouth; and was ordered two drachms of brandy every half-hour, diluted with small quantities of warm water. During the night the patient twice got out of bed to get to the night-stool, and, with much straining, he passed about two ounces of very dark-coloured fluid blood. Vomiting set in at 8 P.M. the patient bringing up at this time the brandy which had been given him, and he continued to vomit intermittently until his death at 1 A.M., eight hours after admission, the vomited matters not becoming stercoraceous until within an hour of his death.

At the necropsy, made thirteen hours after death, a large mass of gangrenous small intestine was found lying in the pelvic cavity, while the rest of the bowel was matted together by recent lymph. The gangrenous bowel was found to have been strangulated by a rounded fibrous cord, about an inch and a half in length, stretching between two adjacent coils of small intestine in such a manner as to form a loop through which the strangulated bowel had passed. This band had evidently been formed by the stretching of an old peritonitic adhesion of the intestine.

Remarks by Mr. CLARK.—Apart from the comparative rarity of such cases of acute internal strangulation, this case, I think, presents several features which are of especial interest. One is so apt to look upon fæcal vomiting as inseparable from strangulation of the bowel, whether external or internal, that the marked absence of this symptom in the present case until the patient was *in extremis*, rendered the cause of the peritonitis at first very obscure. The persistent reference by the patient of all his pain to the bladder, coupled with the marked tenderness over the hypogastric region, suggested a rupture of that viscus as the possible cause of the peritonitis, but the result of the catheterisation completely negatived such a conclusion. Another feature which adds an interest to the case is the nature of the strangulating band. It is well known that fibrous adhesions of adjacent segments of bowel, the result of an old peritonitis, will, under the influence of the peristaltic contraction of the bowel, gradually elongate to form bands of fibrous tissue stretching across the peritoneal cavity, and these bands or cords may, as in the present case, occasionally prove the direct cause of an internal strangulation. It is most probable that, had the patient been seen earlier—for he had been ill for four days before admission, yet had sought no medical advice,—and had the condition been correctly diagnosed, an abdominal section, followed by the division of the strangulating band, might have been the means of saving his life. Other points of interest in the case are: firstly, the fact that the patient was a painter by trade, and so liable to attacks of intestinal colic; and, secondly, the suspicion of irritant poisoning, which was excited by the history that the symptoms dated from the time at which he had partaken largely of some tinned fish.

DORSET COUNTY HOSPITAL.

A CASE OF SUPRAPUBIC LITHOTOMY.

(Under the care of Mr. A. EMSON.)

For the following notes we are indebted to Mr. F. J. Malden, house-surgeon.

R. W——, a quarryman, aged sixty, residing at Portland, was admitted on Oct. 14th, 1886, with symptoms of stone in the bladder. The symptoms had not been severe, but had been present over a period of four years. It was only a few days before he came to the hospital that he was obliged to give up his work, on account of frequency of micturition, hæmaturia, and pain after the act of micturition.

At the time of admission the urine was alkaline, specific gravity 1020, no albumen, muco-purulent. The stone was readily detected by means of a No. 8 sound with small curve, and the ring heard distinctly. The stone, which seemed to fit in the concavity of the sound, was situated in the right lower part of the bladder. The attempt to pass the grooved "staff" on two previous occasions having failed on account of the enlargement of the prostate, it was determined to remove the stone by the suprapubic instead of the lateral method. The operation was performed on Jan. 11th, 1887. The rectal bag was first inserted, and twelve ounces of warm water introduced with a syringe; the bladder was then distended by means of eight ounces of carbolic lotion (1 in 1000), and the penis tied with a soft rubber catheter. An incision was now made about three inches long in the midde line, coming well down on to the front of the pubes; after this the tissues were separated by means of a director, handle of scalpel, and finger nail until the wall of the bladder came in view. There was no hæmorrhage to speak of, no vessel needing ligature. The hook used in this case for elevating the walls of the bladder was one found particularly serviceable (it was made by Ferguson, and intended for cases of laryngotomy); on the convex surface of it is a groove (like a miniature staff), into which the point of the scalpel was inserted, and an incision in the bladder wall made direct from the point of puncture of the hook large enough to admit the finger. The stone was easily felt, and removed by means of a small pair of lithotomy forceps. A drainage tube was inserted into the bladder, but it slipped out during the night, and was not replaced. No sutures were placed in the walls of the bladder, but two in the upper part of the abdominal wound, which was dressed with absorbent cotton wool.

On the day of operation the evening temperature was 101°; next day, morning 100·4°, evening 101°; the following morning 99·6°, evening 100·4°. From this time the temperature remained about normal. There was a free discharge of urine through the wound. No catheter was passed until Jan. 25th, when a soft rubber one was tied in; this after the second day, however, set up urethritis, and was discontinued. The after treatment consisted in placing the patient alternately on one side or the other as much as possible, to encourage drainage. The wound was dressed with boracic lotion (1 in 80), and the urine absorbed by means of sponges and absorbent cotton wool. The patient's progress was satisfactory, but slow; the wound granulated, but cicatrisation took place slowly. On Feb. 6th (twenty-seven days from operation) twenty ounces of urine were passed through the urethra, being the first time it had flowed naturally since the operation. The abdominal wound now began to contract more rapidly. The stone was a mulberry calculus covered with phosphates weighing five drachms. The handle of the scalpel used was made of tortoiseshell rounded off at the end and bevelled to form an edge, and was admirably adapted for separating the tissues in this case.

WOLVERHAMPTON GENERAL HOSPITAL.

MULTIPLE ANEURYSMS OF THE ARCH OF THE AORTA.

For the following notes we are indebted to Mr. Arnold Evans.

R. L——, aged thirty-seven, grinder, having been seized with sudden illness whilst at work, was brought to the Wolverhampton General Hospital, but on arrival life was found to be extinct.

At the necropsy it was found that the pericardium contained about fifteen ounces of clotted blood. The heart, with the aorta and aneurysms attached, weighed about eighteen ounces. Apparently the aortic valve was competent, but its cusps were distinctly thickened. The ascending and transverse parts of the aortic arch were enormously dilated and thickened; and springing from the first part of the artery immediately above the valve were three aneurysms, each communicating with the artery by a narrow orifice: one sprang from the anterior surface of the vessel, and pointed downwards and forwards towards the origin of the pulmonary artery overlapping the appendix of the right auricle; the other two, each about the size of a walnut and situate close together, projected backwards under the aortic arch and compressed the pulmonary veins. One of these last mentioned had ruptured into the pericardium, forming an orifice which barely admitted the tip of the little finger, and had ragged and attenuated edges. About an inch higher up was a cluster of three aneurysms, each slightly larger than those above described, but resembling them in that each communicated with the artery by a narrow mouth; two projected forwards and the third to the right. Another aneurysm arose from the upper part of the arch; this was a little larger than the others, and had thin walls; from its side sprang the brachio-cephalic and left carotid arteries. There were several other small aneurysms in addition to those just described. All contained a small quantity of laminated clot. At the commencement of the descending part of the arch the aorta resumed its normal calibre, and in its onward course contained only a few small atheromatous patches. The mitral valve was competent, but its curtains were slightly thickened. The hypertrophy of the left ventricle was by no means great. There were no other aneurysms in the body. The only other morbid change in the organs was an œdematous condition of the lungs.

The most interesting point in connexion with the above case was the complete immunity (with the exception of a slight cough for a few days) from any serious or distressing symptom, until the time of the man's sudden death.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Multiple Neuro-fibromata and Molluscum Fibrosum.—Sarcoma of Pelvic Fascia.—Cerebral Hæmorrhage in a Child with Thrombosis of Sinuses.—Fibrous Contraction of Stomach.—Subpleural Lipoma of Diaphragm.—Rickets in the Skulls of Lions.—Suprapubic Abscess.—Cultivation Experiments with New Growths and Healthy Tissues, and the Parasitic Theory of Cancer.—Bones from Congenital Syphilis.

THE last ordinary meeting of this Society was held on Tuesday last, Sir James Paget, Bart., President, in the chair.

Mr. CHARTERS SYMONDS read the report of the Morbid Growths Committee on Mr. Hutchinson's specimen of Tumour of the Lower End of the Femur shown at the last meeting. The committee came to the conclusion that the morbid process was of an inflammatory nature, and most probably the result of syphilitic poison. Drs. Coupland and Payne and Mr. Bowlby were the other members of the committee.

Dr. F. J. PAYNE showed specimens from a case in which Fibro-Neuromata co-existed with Molluscum Fibrosum. The patient, a woman aged forty-three, had been under observation for some years as a well-marked case of molluscum fibrosum. The surface of the body was nearly covered with small, soft, fibrous tumours, from the size of a pin's head to that of a hazel-nut—some pendulous, some sessile, some under the skin. They had existed as long as the patient could remember. There was also a tumour, the size of a walnut, in the left axilla, formed on the brachial plexus; it gave rise to much nerve pain in the arm. It went on increasing in size, while the skin tumours varied, some new ones being formed, while others wasted and almost disappeared. During the last few months of life there was a marked diminution in their number. The patient died in August, 1886, with symptoms of violent summer diarrhœa. A partial necropsy only was possible, but all the chief organs were found healthy. The left brachial plexus was removed, and on dissection by Mr. Shattock there were found, besides the large tumour, a number of smaller ones, varying in size from a pin's head upwards, on various parts of the plexus, giving the appearance known as plexiform neuroma. These tumours had the usual structure of fibro-neuromata, consisting of nucleated fibrous tissue, in the midst of which the nerve-fibres could be traced. It was not possible to examine other nerves thoroughly, but the right brachial plexus appeared healthy. The skin-tumours, which were seated chiefly in the corium, but some in the subcutaneous tissue, consisted of fibro-nucleated tissue, the larger ones containing broad fibrous bundles with lacunæ. To ascertain the connexion of the tumours with the nerves sections were made by Mr. Shattock, and stained with osmic acid, as well as with other dyes; but though nerve-fibres were seen near the small tumours, none could be traced entering them, and the fibrous masses contained no nervous structures. At the same time, the possibility of the fibrous growths originating in the sheaths of nerves, as in the internal nerve-tumours, could not be disproved. These observations, therefore, only partially confirm those of Recklinghausen, who, in his classical memoir, "Die Multiplen Fibrome der Haut" (1882), first noticed in two cases the coincidence of fibroma molluscum of the skin with multiple fibrous tumours on the nerves, and explained the former as being neuro-fibroma of the skin.

Mr. LEOPOLD HUDSON showed a Sarcoma of the Recto Vesical Fascia. The patient was a man twenty-eight years of age. There was no family history of tumour. The first symptom, seven months before his death, was pain on defecation, and on rectal examination a bilobed tumour feeling like an enormously enlarged prostate was found. Five weeks after its first appearance cutaneous nodules developed. The tumour grew rapidly, filled the pelvis, and extended upwards into the abdomen causing lancinating pains and severe vomiting. There was no albuminuria, and the constipation was overcome by purges. He died emaciated. At the necropsy the tumour was found to weigh seven pounds and a half, was distinctly encapsuled, and originated apparently from the layer of recto-vesical fascia which investing the vesiculæ seminales passes across the space between the bladder and the rectum. Examination proved the growth to be a small spindle and round-celled sarcoma, which had in part undergone development into a myxomatous tissue, and showed also areas of retrogression with mucoid cyst formation.—Dr. COLLIER mentioned a case in a young woman who, after a fall one month previously, experienced severe pain in the left iliac region, where a swelling formed, and there was considerable fever. Inflammation with caries was diagnosed, and an incision was made and much blood evacuated from the pelvis. The tumour proved to be sarcoma, and the specimen was shown. The total duration of the clinical course was apparently only ten weeks.

Dr. HANDFORD read a case of Cerebral Hæmorrhage in a boy aged five, following thrombosis of the venous sinuses. Drawings of the brain and preparations of the vessels of this case were shown. The chief symptoms had been headache, constipation, and frequent vomiting. There was no dryness or discharge from the ears. The breathing became stertorous three or four hours before death, which took place ten days after the commencement of the illness. There was no sign of head injury or disease of the ears. The venous sinuses were thrombosed, the superior longitudinal and lateral sinuses containing adherent decolourised clots. The superficial cerebral veins were also thrombosed, and felt like whipcord. There were numerous hæmorrhages on the surface of both hemispheres; two of them—viz., those in the left ascending parietal convolution and in the right temporo-sphenoidal lobe—being very extensive, and ploughing up the brain substance to a considerable depth. There was ground for supposing that the hæmorrhage occurred only a few hours before death. No cause for the thrombosis could be ascertained, neither could the ruptured vessels be

found. The cause of the hæmorrhage was assumed to be the increased vascular tension from the thrombosis of the sinuses; but whether the vessels that gave way were arteries or veins was left an open question, though Dr. Handford inclined to the latter view.—Dr. S. WILKS had seen five or six cases of thrombosis of the cerebral sinuses in young women suffering from severe anæmia, and in all there were hæmorrhages: the cause was probably in the blood.—Dr. COUPLAND had seen one case of thrombosis in the cranial sinuses in cancer, and he referred to Dr. Bright's paper on the subject.—Dr. ORD had seen thrombosis of the cranial sinuses in a case of acute rheumatism, in which phlebitis developed in the neck and arm on one side. There was hæmorrhage into the brain. Changes in the condition of the lining membrane of the vessels were perhaps operative in the causation.—Dr. T. BARLOW referred to the possible source of the hæmorrhage. In one case of a child who had marked anæmia and cachexia from whooping-cough and ulcerative bronchitis (bronchiectasis)—in all the cases he had seen there had been a long continued cachectic condition—there was a large hæmorrhage which might have proceeded from rupture of a large vessel, but there were innumerable small punctæ of hæmorrhage in the cerebral cortex, and the large hæmorrhage was probably a great mass of the small hæmorrhages. Sir William Jenner had told him that he considered the source of the hæmorrhage was the small venules, and was the result of the venous stasis.

Dr. CHARLEWOOD TURNER showed a specimen of Stenosis of the Stomach due to Fibroid Thickening; there was chronic ulceration of the anterior wall, but the whole stomach was seamed all over by fibroid tracts.

Mr. F. W. CLARK showed a Subpleural Lipoma taken from a woman aged sixty-five, in whom it had caused no symptoms. It was a lobulated tumour (lipoma) springing from the diaphragm and projecting into the right pleural cavity, without adhesions. Normally there was a growth of fat attached to the diaphragm on the right side anteriorly, and this outgrowth of fat from the diaphragm might go beyond the physiological bounds.

Mr. BLAND SUTTON made a communication on Rickets in Animals. The bones preformed in membrane were much thickened, and the diploë absent. The reverse of this process obtained in the cartilage-formed bones, they being very much thinned. The lions of Manchester and Dublin did not become rickety. Paraplegia developed in carnivorous rickets as the result of the epiphysial plates of the vertebræ becoming greatly overgrown. The tentorium cerebelli was enormously ossified; instead of being a thin plate of bone, it had become a veritable exostosis. Reference was made to the case of a cub which at two months of age became paraplegic. The tentorium was greatly ossified, and there was great dilatation of the cerebral ventricles as occurred in the brain in hydrocephalus, and due to interference with the circulation of cerebro-spinal fluid. Paraplegia was the first sign; then the head was drawn to one side and convulsions set in. Afterwards oscillation of the eyeballs and rhythmic movements in the head were observed. These symptoms were parallel to those described by Hilton, Wilks, and Moxon in cases of hydrocephalus in children.—Dr. HORROCKS asked why London lions developed rickets and not those in Dublin.—Sir JAMES PAGET said that Dr. S. Haughton had found that if bones were given to ricketty lions in Dublin the rickets disappeared. Had this been tried at the Zoological Gardens?—Mr. B. SUTTON, in reply, said that it was supposed that the constant use of horse's flesh was the cause of rickets, but even when goat's flesh was added and the bones could be eaten the rickets did not disappear. He could not offer any solution of the differences between lions in London and elsewhere. In reply to Sir James Paget he said that the giving the lions bones cured the cubs of being born with cleft palates, but did not prevent their developing rickets.

Mr. STEPHEN PAGET read a paper on Suprapubic Abscess, and showed one specimen removed from a man aged sixty-five, who had had cystitis and other bladder troubles, with a perforation leading obliquely into the cellular tissue of the pelvis. Cases of suprapubic abscess were not very common. Twenty cases were collected. Sixteen occurred in young or middle-aged men who were generally healthy and vigorous. Four occurred in women, after genital disease. In the males, eight under thirty and eight over this age. The inflammation resolved without suppuration in the cases under the age of thirty. Those that occurred after typhoid fever suppurated. Malignant disease was not noted in any case.

Mr. BALLANCE and Mr. SHATTOCK exhibited the results of a series of Cultivation Experiments made with New Growths. The authors were led to experiment with malignant new growths in this direction, since they were persuaded that the essential pathology of these must (as so greatly insisted upon by Sir James Paget) be similar to that of the specific diseases. Pieces of carcinomata of the breast removed immediately after operation and transferred to tubes of solidified serum, agar agar, and Koch's beef peptone gelatine, were incubated at 100° F. for various periods—in one case for thirty-three days. The authors compared the pathology of cancer with that of tubercle, and considered that cancer, like tubercle, might be either a purely local disease, or the local manifestation of a "diathesis," comparable to that of the "scrofulous," the localisation in either case depending upon a specific organism. The geographical distribution of cancer was also noticed as an argument in favour of its parasitic nature. They met the chief objection urged against the parasitic theory—viz., that in a case of columnar-celled carcinoma of the rectum the secondary tumours in the liver resembled in structure the crypts of the intestine—by observing that in the normal process of development it is the epithelium that determines the anatomical character of glandular formation, the arrangement of vessels and connective tissue being a secondary adaptation to this; and they conjectured that in a similar manner a cell transported to another organ would by its determinate hereditary tendency produce a structure similar to that of which it primarily formed a part, the organ itself furnishing the vessels and supporting tissue of the new epithelial formation. They further remarked that the view of the parasitic nature of cancer afforded a possible explanation of the cachexia, which is at times not to be wholly accounted for on general principles, since all pathogenic organisms give rise, as a result of their activity, to deleterious chemical products, and these passing continually into the general circulation from the substance of the tumour would exert an unfavourable influence on the general health. The alleged antagonism of cancer and tubercle might be explained on the well-known grounds of the interference in growth which certain organisms exercise upon others. They concluded from their experiments that the parasite of cancer must be unlike in its life-history those already known, in that it does not admit of cultivation in any of the ordinary media. They commented upon the supposition that the parasite was one of the protozoa, and thought that the physiology of certain of the naked protozoa afforded much interesting material for speculation upon the physiology of cancer; the sporulation of protozoa and the rejuvenescence by fusion were referred to as offering possible modes of explaining the infection of the epithelium, the abnormal growth and extension of which constituted the characteristics of carcinoma. Having found that new growths were sterile under the conditions of the experiments, the authors experimented in a similar way with healthy tissues, with the result that they were able to maintain sterile at 100° F. portions of testicle, submaxillary gland, kidney, muscle, and liver. In regard to the liver, they were not prepared to state that the same holds good, since in most cases the portions experimented with did not remain sterile. These results accord with Mr. Watson Cheyne's previous work reported in the Society's Transactions for 1879.—Dr. COUPLAND said that the late Dr. Grant believed that white corpuscles of the blood were forms of the lowest protozoa.—Mr. F. S. EVE gave arguments against the parasitic theory. He had repeated Leopold's experiment and transplanted portions of epitheliomata of the tongue into the anterior chamber of the eye of the rabbit, and acute suppuration followed, although it was known that this chamber was very tolerant of living tissues.—Mr. ROGER WILLIAMS also combated the parasitic theory.—Mr. FELIX SEMON referred to the antagonism alleged to exist between tubercle and epithelioma. He had seen the two forms together in the larynx.—Mr. S. PAGET referred to a paper in THE LANCET of May 14th by Mr. Roger Williams.—Sir JAMES PAGET said that he had known cancer almost decay and shrivel up during the rapid development of tubercle, and *vice versâ*; neither lived in full force together. He felt that he must have made a happy guess in early life, and he thought that very likely the parasitic theory would be found to give an explanation of the great difference between innocent and malignant growths.—Mr. BALLANCE said he could not imagine any other result than suppuration following the inoculation of material from any growth on

any surface of the body. They did not believe that the parasite was a bacterium.—Mr. SHATTOCK, in reply, said that he imagined that the transported cell was provoked to multiply by the irritation of the contained parasite.

Mr. W. H. BATTLE showed specimens of Extensive Bony Lesions from Congenital Syphilis and Rickets. The illegitimate child was three years and ten months old. One year before admission the left elbow swelled, and afterwards the right one, and then the right knee. Progressive emaciation, sleeplessness, and great tenderness were the chief symptoms one month before death. There was also considerable fever —101° to 103° F. The necropsy showed broncho-pneumonia and collapse of the lungs. There was separation of the epiphysis from the diaphysis of the femur, the periosteum was separated from the shaft over nearly the lower half, and was much thickened and vascular, with slight new formation of bone. The tibia showed a similar necrosis with separation of epiphysis. There were similar changes in the bones of the upper extremity, with signs of rickets in the ribs and about the growing ends of the shafts of the bones. There was marked "bossy" growths on the skull, which had a natiform aspect.

The following card specimens were exhibited:—Mr. Page, for Mr. Raven: Sarcoma of Dorsal Vertebræ. Mr. Sydney Jones: 1. Tumour of Parotid, twenty-five years' growth. 2. Papilloma of Bladder removed by Suprapubic Cystotomy. 3. Uterus and Appendages extirpated for obstruction of rectum and bladder. Dr. Barlow: Renal Sarcoma. Dr. Pitt: Pleura, two years after drainage for Empyema. Dr. Collier: Pelvic Sarcoma, simulating Hæmatocele during life. Dr. C. Turner: 1. Bladder, Kidney, and Dura Mater, from a case of Purpura. 2. Endocarditis, with Necrosis of Mitral Valve. Mr. J. H. Morgan: Cystic Disease of Metatarsal Bone. Mr. Fenwick: 1. Encephaloid Cancer of Apex of Bladder. 2. Acute Tuberculosis of Bladder and Prostate. 3. Purpura Hæmorrhagica of Bladder. Mr. Bull, for Mr. Rouse: Sarcoma of Clavicle. Mr. Mansell-Moullin: 1. Abscess of Brain following Disease of the Ear; trephining. 2. Sacculated Bladder, with Calculus impacted behind the Prostate. Mr. Poland: Osteomyelitis of Scapula and separation of Coracoid Process. Dr. Gulliver: Aortic Aneurysm opening into Superior Cava. Mr. Targett: Bony Tumour of Buttock. Dr. Hebb: Quiescent Tubercle (a Disseminated Fibrosis) of Lung. Dr. Horrocks: Uterus and Fibroids removed by Abdominal Section (recent specimen).

CLINICAL SOCIETY OF LONDON.

Abdominal Cysts following Injury.—Spasmodic Torticollis due to Cerebral Lesion.—Gouty Knee-joint with Suppuration.—Intracapsular Fracture of Neck of Femur.

AN ordinary meeting of this Society was held on the 13th inst., Dr. W. H. Broadbent, President, in the chair.

Mr. GODLEE related three cases in which abdominal cysts of large size followed the passage of a cart wheel over the body of the patient. The first was a little girl aged four, who sustained a rupture of the left ureter. A large cystic tumour containing urine developed itself, which was first aspirated, and then tapped and drained. The kidney was felt projecting into the upper part of the cavity when it was opened. As the patient became liable to frequently recurring attacks of fever, caused by accumulations of urine and pus at the bottom of the wound, it was decided to remove the kidney, which was accordingly done. The operation was a difficult one, but the child made an excellent recovery. The sinus, however, has not completely closed, but still continues to secrete a small amount of pus. The second case was that of a man aged twenty-three, who was run over by a heavy waggon. A cystic tumour developed itself on the left side, partly under the ribs, partly projecting below them, causing considerable discomfort and vomiting. After periods of improvements and relapses the tumour was aspirated through the seventh intercostal space, and seven ounces of turbid fluid, containing a trace of urea with a considerable amount of albumen, were drawn off. After this the patient gradually recovered. It was pointed out that, while the diagnosis of the case was very obscure, it was probably a renal cyst resulting from a laceration of the kidney. The third case was that of a boy aged seven, who was knocked down by a van, but not run over. A month afterwards, a tumour of considerable size, but the dimensions of which apparently varied, was found in the upper part of the abdomen on the left side. During the eleven months after the accident the tumour gradually increased in size, and came to occupy the middle line of the abdomen, pressing the stomach upwards. It was accordingly opened, and the cyst wall was stitched to the abdominal wall. It contained forty-three ounces of turbid whitish-yellow fluid, containing five ounces of urea and a large amount of albumen. The child made an excellent recovery. There appeared to be no data for making a diagnosis in the case.—Mr. GOLDING BIRD said that urea might be found in appreciable quantities in most of the tissues and fluids of the body, so that its presence in minute proportions did not necessarily indicate a connexion with the kidney. He had found as much as ·2 per cent. in ovarian fluids.—Mr. BARKER referred to a case of his own, published in THE LANCET, Jan. 17th, 1885, in which ·5 per cent. of urea was found. This low percentage appeared to be due to reflex pressure on the kidney, for on opening the cyst the percentage rose to more than 1 per cent. A second case was alluded to, in which, the patient having been run over, the abdomen began to swell greatly. After some months forty-five ounces of fluid were withdrawn from a point three inches to the left of the middle line; the fluid contained a considerable quantity of urea. The case was probably a localised peritonitis, and not a renal tumour. The presence of urea should not therefore in itself suggest a renal origin for the cystic tumour.

Dr. G. V. POORE read a case of Spasmodic Torticollis, probably caused by Cerebral Lesion. The patient, aged thirty-six, was admitted to University College Hospital on Aug. 5th, 1886, suffering from violent spasmodic torticollis of nearly six months' duration. The head was twisted towards the right shoulder. At first the left sterno-mastoid muscle was mainly at fault, but after division of the sternal attachment of this muscle the spasm was scarcely altered, the rotation of the head being effected by the right splenius. This fact made it probable that the lesion was central. On the left side of the head, immediately over the situation of the posterior part of the superior and middle frontal convolutions, was a scar, the result of an injury many years previously, which at the time had "half-stunned him." There was an undoubted history of syphilis, and the patient, prior to the onset of the torticollis, had suffered from headache, referred to the neighbourhood of the scar, and from occasional attacks of giddiness. All things considered, it seemed probable that the lesion (? meningeal thickening) would be found on the surface of the brain beneath the scar on the scalp—i.e., in the region irritation of which is said to cause deviation of the head to the opposite side. The propriety of trephining was considered, but prior to its performance it was deemed advisable to subject the patient to a thorough course of mercury. This was done, with the result that the torticollis almost completely disappeared.—Mr. B. ROTH asked whether the spasm disappeared when the patient was under the influence of chloroform.—Dr. GLOVER spoke of the extreme severity of the spasm. The case showed the virtue of patience in physicians before calling in surgical aid.—Dr. S. MACKENZIE mentioned Dr. Ringer's case, shown to be associated with a lesion about the ganglia of the brain; and also referred to the case of Mr. Campbell de Morgan, in which the spinal accessory nerve was stretched with success. In other cases various operations were undertaken without success, and the arm and other parts of the neck were sometimes involved.—Dr. BROADBENT alluded to the hemiplegic lateral deviation of the head and eyes, and said that the cortical mechanism must be similar in Dr. Poore's case. The higher centre calls upon and commands muscles on opposite sides of the body, as in conjugate palsy of the eyeballs. The deviation disappears as soon as communication is established with the opposite cerebral hemisphere. Permanent deviations are present when there is a lesion in the medulla. He had no doubt of the correctness of the localisation, and the striking development of symptoms during the waking state was very confirmatory, as also the relaxation during sleep.—Dr. POORE, in reply, said that the difference observed during the waking and sleeping states went to prove the cortical origin of the spasm, so he did not give the patient chloroform, because natural sleep sufficed. He had made a bare recital of one isolated case, and had not weighted his paper with literature. Cases which had preceded or followed hemiplegia were well known, and also that mercury had relieved other cases. He considered that trephining would be warrantable, for the danger of the operation was slight.

Mr. STEPHEN PAGET showed a Knee Joint from the body of a man, aged forty-nine, who had suffered for seventeen years from severe gout. The knee was suddenly attacked by acute inflammation, and a very large abscess occupied the joint and the thigh. It was aspirated, and perfectly healthy pus was let out; later it was opened. Suppuration extended up nearly to the trochanter and down into the calf; and several counter-openings were necessary. Amputation was not advised, on account of the constitution being broken down by disease. For some time he seemed likely to recover, but at last bedsores formed, and he died about eleven weeks after the invasion of the inflammation. The specimen showed destruction of the cartilages and ligaments, with rarefaction of the ends of the bones; no marked lipping or eburnation. The synovial membrane was infiltrated and partly destroyed by suppuration. Mr. Paget referred to a case published by Dr. Norman Moore of purulent effusion into the knee joint in chronic gout, a case of suppuration of the back of the hand and the wrist joint published by Mr. Rivington, and a case of suppuration of the eyeball published by the late Mr. Critchett. In all these cases the only common cause for the suppuration was chronic gout, of very long duration and of great severity.

Mr. SPENCER WATSON read notes of a case of Intracapsular Fracture of the Neck of the Femur, with specimen. A gentleman aged sixty-nine fell from his horse, and on attempting to rise found he could not support himself on his right leg. There were no symptoms of fracture, beyond the pain on attempting to move the limb, for a fortnight after the accident, and measurements taken several times during the period indicated no shortening. Three weeks after the accident shortening of the right limb to the extent of an inch and a quarter was discovered. No splint or extension apparatus could be borne by the patient, who got up and sat in a chair from the first week, and was on crutches at the end of a month. He died seven months after the injury, and the specimen exhibited showed a fracture through the neck of the femur, intracapsular, and at one time firmly impacted. The neck of the femur was so much wasted that the head of the bone rested on the space between the two trochanters, and was kept in that position by interlocking splinters of the neck.—Mr. WM. ADAMS said that in intra-capsular fracture a difference existed in the degree of mobility and shortening in different cases, dependent on the kind and direction of the fracture. If the fracture were oblique and irregular, a sort of impaction might have taken place, and yet the diagnosis of fracture be doubted. In the specimen shown the periosteum had become folded in between the fragments, and a neoplasia of fibrous tissue afforded a very fair fibrous union.—Mr. CHRISTOPHER HEATH said that measurement might detect slight differences in the length of normal limbs, and much importance could not be attached to slight differences as indicating fracture. If the patient could raise the limb, then the fracture must necessarily be of the impacted sort.

The following living specimens were exhibited:—Mr. Clutton: Osteitis Deformans in a woman. Dr. Percy Kidd: Rheumatic Nodules in an old woman. Dr. de Havilland Hall: Adhesion of Soft Palate to Posterior Wall of the Pharynx. Mr. Mansell-Moullin: Elephantiasis of Right Leg.

EPIDEMIOLOGICAL SOCIETY OF LONDON.

Some Evidence respecting Tubercular Infective Areas.

AT a meeting of this Society held on Wednesday, May 11th, Inspector-General LAWSON in the chair, Dr. ARTHUR RANSOME read a paper on some Evidence respecting Tubercular Infective Areas. He showed that there are strong reasons for believing that whilst tubercle travels infectively through the body, and is derived from infective particles contained in air rendered impure by organic matter from human breath or from ground air, yet it is very rarely directly transmitted from person to person. It seems most probable that for the active propagation of the disease some increase in the virulence of the organism must take place outside the body, in a manner similar to the infection of typhoid fever or cholera. Although direct transference of the complaint is probable, especially after previous injury and loss of elasticity of the lungs, yet the evidence so far adduced would seem to show that it is a very rare event—first, because many medical men have never seen a case; secondly, many of those recorded as cases of infection would have taken place without infection, as shown by Dr. Longstaff's formula; thirdly, most of these cases of supposed infection lived under conditions favourable to indirect infection; fourthly, it is difficult to see why drainage of the land and the sandy condition of a soil should affect direct contagion, but it is easy to see why indirect infection should be thus affected; fifthly, the frequency of one-sided phthisis was pointed out. Numerous instances of infected areas were given from records of barracks, public institutions, ships, &c., and cases of infected houses were given from private practice from the Collective Investigation Record and from other sources. In all of these the outside conditions as to ventilation, drainage, soil, &c., were favourable to the intensification of the virulence of the morbific agent. The mortality tables of certain districts in Manchester and Salford had also been kindly given to the author by the medical officers of health, Mr. Leigh and Dr. Tatham; and maps showing the construction of the Salford districts had been furnished by Dr. Tatham. An analysis of these showed that in certain streets and courts, consisting of back-to-back houses, and with no through ventilation, the disease was much more common than in other parts; and that it occurred again and again in the same house in these parts. In all, forty-one cases of such coincidence of death were detected in five years in Ancoats in a population of 5600; and in Greengate, Salford, with a population of 2600, in six years, there were twenty-nine such double or treble deaths. Certain possible sources of fallacy were discussed. In the discussion which followed, Inspector-General Lawson, Brigade Surgeon Scriven, Surgeon-Major Pringle, Dr. Moir, and Messrs. Paget and Murphy took part.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE quarterly meeting of the above Association was held at Bethlem Hospital on Tuesday, May 17th, the principal business being to consider a memorandum from the Parliamentary committee of the Association containing observations and suggestions in regard to the Lunacy Acts Amendment Bill. In the absence at first of Dr. Savage, Dr. Rayner occupied the chair. A long discussion ensued, in which Drs. Ringrose Atkins, Outterson Wood, A. R. Urquhart, J. Murray Lindsay, S. W. D. Williams, Hayes Newington, Hack Tuke, G. H. Savage, H. Rayner, S. H. Agar, Robert Baker, and Evan Powell took part. In opening the discussion, the chairman animadverted upon some observations made by the Lord Chancellor in introducing the Bill, and to his having made use of certain words, i.e., "accused" of lunacy, "supposed" examination, &c, which, if lightly construed, associated lunacy with crime, and further implied perfunctory work or laxity on the part of medical men in their professional duties in connexion with lunacy. Suggestions having been freely made on the various clauses of the Bill, it was agreed that the memorandum should be circulated among the members of the Association, now numbering upwards of four hundred. A strong opinion appeared to prevail that the magisterial intervention proposed by the Bill should not be allowed entirely to override medical opinion, and, further, that there should be a power of appeal to the Home Secretary in cases of refusal or reduction of pensions. It was also urged that members of the Association should seek to impress most earnestly on members of the House of Commons with whom they were acquainted that insanity is a symptom of disease, and that the primary aim and object of all legislation in regard to it should be the care and proper treatment of those suffering from it.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

Empyema.

AT the ordinary meeting on April 1st, Dr. Spottiswoode Cameron, Vice-President, in the chair, a discussion took place on the above subject.

Dr. CHURTON cited some remarkable examples of empyema, selected from seventy cases, in some of which the pus was difficult to find, and in others there had been difficulties in the operation required. He also described cases of double and of fetid empyema, and of apparent empyema in which the pus came from dilated bronchi.—Mr. GODFREY CARTER

described the case of a girl in whom symptoms of pneumonia on the left side were followed by symptoms of dyspnœa and signs of fluid in the opposite side. Some days afterwards pus was evacuated by incision, but no great improvement followed. Three exploratory punctures were made in the first affected side without effect; but in a month's time, dyspnœa being urgent, repeated exploration was made under chloroform, and pus was found on the left side in the eighth space near the spine. As the right side seemed nearly healed, and only a few ounces of water could be injected, an incision was made in the left side and a large quantity of pus evacuated, with satisfactory result. — Dr. WARDROP GRIFFITH gave statistics of thirty-three male and seventeen female cases treated in the Leeds Infirmary. 1. As to age: Twenty-nine were in the first decade, seven in the second, and eight in the third. Contrasting these with a similar number of cases of simple effusion, there were ten in the first decade, sixteen in the second, and nine between thirty and forty, against one only of purulent effusion. 2. The right side was affected in nineteen; the left in twenty-six; both in one. 3. As to results: Thirty-five cases recovered after incision. In four of these there was certain or suspected phthisis; five cases, in addition, were discharged with a sinus still open. 4. Six cases were fatal, three from advanced phthisis. In one there was double effusion, and another was complicated by hepatic abscess. 5. There was a history of injury in three instances. In most cases the fluid seems to have been purulent from the beginning. Out of 151 cases of simple effusion treated in the infirmary, of which most were tapped, only two became subsequently purulent, suffering respectively from tuberculosis and erysipelas. 6. Physical signs: There was œdema of the chest wall in one case only. In children there was great deviation from the physical signs, vocal fremitus being frequently marked, and considerable effusion being present. 7. The operations were done mostly under ether, which the patients took well. The spray was used, and the incision was made low down at the back. No ribs were excised, although in two cases this might have been done with advantage. In nine cases there was pointing of pus, a spontaneous opening in four, and in one case the pus pointed behind.—Dr. CLIFFORD ALLBUTT held that resection of ribs was never needed if the operation was done early enough. All effusions of any bulk should be promptly and repeatedly removed. If the case were uncomplicated, and the operation and drainage efficient, the temperature should never be raised. Injections were therefore worse than useless.—Mr. MCGILL referred to a case where a piece of drainage-tube remained in the chest four years; it was removed post mortem.—Mr. LITTLEWOOD described a case where he accidentally penetrated into the peritoneum. The incision was made in the eighth space, extending as far forward as the mid-axillary line. Omentum was seen in the anterior part of the opening.—Dr. EDDISON referred to the statistics of forty cases under the care of Dr. Allbutt, Dr. Churton, and himself, which he had published three years before. The largest proportion of his cases occurred between the ages of twenty and thirty. In one case there was reason to believe the effusion had existed for three years, in another for one year; both recovered. In one case, where 150 oz. of pus were removed, death ensued within fifteen minutes. Cases with 62 oz. and 104 oz. removed recovered. In no case did death occur if the lungs were healthy. He had never seen a case where resection of the rib was necessary. — Mr. LAWFORD KNAGGS spoke against the use of anæsthetics, preferring cocaine.—Dr. TEMPEST ANDERSON recommended a double opening made with a curved trocar.—Dr. CHURTON, in reply to Dr. Allbutt, said he had known cases where the temperature remained high for some days after operation in spite of perfect drainage, but was reduced by five grains of quinine three times a day.

Pathological specimens.—Mr. L. Knaggs: Dermoid Cyst of Broad Ligament. Dr. Allan: Rupture of the Bladder from Retroversion of Gravid Uterus, which had become occluded by adhesions. Mr. Mayo Robson: (1) Polycystic Ovary; (2) Uterine Appendages removed for rapidly-growing Fibroid of Uterus. Dr. Braithwaite: Uterus with Cylindrical Cancer, removed by Vaginal Hysterectomy. Dr. W. Griffith: (1) Thoracic Aneurysm, showing thick Laminated Clot; (2) Case of Extreme Aortic Stenosis without Incompetence; (3) Microscopic Sections of Tubercular Tumour of the Optic Tract, causing Hemianopsia. Dr. E. Jacob: Sections and Microphotographs of a Sporosperm of Coccidium Oviforme from the liver of a rabbit, the bile-ducts being greatly dilated and a condition resembling encephaloid cancer produced.

Reviews and Notices of Books.

Pilocereus Senilis, and other Papers. By WALTER MOXON, M.D., F.R.C.P. London: Sampson Low and Co. 1887.

THIS little volume consists of short essays contributed to the *Guy's Hospital Gazette* under the assumed title given above, together with three longer essays, two of which are introductory or annual addresses. We have read it through from cover to cover, and with much enjoyment. No book more vividly recalls its author; his keen, eager face, his eyes twinkling with humour, and his body with its curious, sudden movements (we often wonder who was the originator of the Guy's Hospital gestures), rise up before us as we read. The author being, in this instance, identical with his book, we may speak of either indifferently. The prevailing element in his writing is humour—searching, keen, and critical, but always good-natured. When he incites us to laugh at an individual, he always invites the subject of laughter to join with us; he says as plainly as words can speak, "Let us all laugh together." We have heard that this habit of his sometimes gave dire offence to students, but no statistics are forthcoming as to the part of the United Kingdom from which such individuals sprang. Another element in his humour which adds greatly to its value is his essentially reverent treatment of great questions, which is very striking. We often seem to enter quite suddenly from the light and glitter of clever banter into the dimness and quiet of a sanctuary. The literary effect of this is not inconsiderable, but its moral effect is greater still. We can quite well understand that these qualities, which charm those who are sympathetic, may have narrowed the circle of his disciples; but even those who failed to follow his meaning cannot have been entirely unaffected by his purpose.

The essays themselves are not, indeed, easy reading. To read easily, the mind of the reader must travel with the writer, and be not altogether unprepared for the next sentence. For this to be possible the motion of the author must generally be rhythmical, like the flight of a bird. But in reading these essays we are reminded of nothing so much as of a dragon-fly on a brilliant summer afternoon, glittering with gold, and barred with stripes, which is seen fluttering near; anon he has disappeared, and again reappears some distance off, and again he is gone. The glitter rivets the attention; the sudden darts cannot be followed, but we cannot but gaze and admire. Of the essays, we like the short ones best of all, where all are good, none more than that with the Guy's Hospital motto, *Dare quam accipere*. It is pleasanter to give than to receive medicine prescribed in the surgery (why *is* it made so nasty?), advice, and even money sometimes. The division of advisers (p. 11) into the sympathetic, apathetic, and antipathetic, is admirable. The first says, "Let me help you?"; the second, "Do as you like"; the third, "Get thee and hang thyself." The first, in the case of a bad tooth, will say: "Let's see if stopping will do any good." The second: "Now then, if you're going to have it out sit down." The third drowns the enemy's yells with "Don't make that noise, it doesn't hurt you." "The thoughts of the heart" is another which is itself full of thought. Thoughts are not only of the brain, as physiologists say. "The fact is, the brain is a sort of Æolian instrument of many strings, whereupon the several organs play (notably those of the circulation—the heart), and so David was right." "Special kinds of activity determine character. Thus are we creatures of our own activities, and he who has no special activity will have no character." We have not room for all the passages we should like to quote; but we must select a few to whet our reader's appetite, and make him long for more.

'Why cannot we combine against the continual heaping

up of unverified hearsay? Ingenious men with large memories connect together various well-meant quotations, until some far-away propositions, uncertainly drawn from uncertain sources, go for the 'progress of medicine.'" (Page 34.)

"Did you ever see a caddis worm? When I was fishing I never could stick a hook into a caddis worm. I never contemplate a caddis worm without a certain feeling of brotherhood. Nature is essentially too satirical in the way she takes off one thing when she designs another. Every one has, by nature, the faculty of picking up bits wherewith to furnish himself according to the grounds he is upon at the time, as the caddis worm dresses herself in scraps of green when she is upon leaves, and in bits of brown when upon the stones.....Most minds are like maggots dressed in scraps, and all that is their own is just the glue the scraps are stuck with.....You mustn't shake the scraps much for fear you see the maggot." (Page 42.)

"With one man faith may be compared to wings supporting him by his own brave effort where there is no ground to stand upon, and with another, faith is as a prehensile tail, such as you see on those monkeys who, holding securely by something they are not obliged to keep in view, have their hands thereby the more free to pick nuts, &c. Let us not think disrespectfully of any; to the born prehensile such a tail is a requisite. We see how needful it may be at the 'Zoo,' and though nature gives the human form no such outward and visible sign of dependence, it may be just the same inwardly with men." (Page 44.)

"I have met the modern scientific and well-read youth, who has studied chemico-physiological lectures upon texture and its vitality until he thinks that the life is nothing more than meat, and read Carlyle's 'Sartor Resartus' until he suspects 'nor the body than raiment,' and who would call the holding of such opinions 'faith,' and then wonder at the enthusiasm faith has aroused in the world." (Page 46.)

"No thought is ever strong and true which does not arouse something into unexpected harmony." (Page 70.)

"It (the present classification of diseases—one a pain in the leg, another a growth in the stomach, and another a spider in the skin) is like trying to mix the solar spectrum and the key of C major with essence of peppermint." (Pape 89.)

"Some day, you know, we shall be historic ourselves; that is, the louder ones amongst us—a chastening thought, when you reflect what sort make the most noise." (Page 125.)

On page 138, treatment without drugs is compared to religion without a creed. "It is very sublime, and suits your inside nature so well that you try it on your friends; but it does not suit them."

"Patients do not drink medicine as medicine. They swallow it as if to Æsculapius, and in the gulp their eyes sparkle with all the old ineffaceable longing for help from the unknown. The time-honoured potion carries with it the undying power of the medicine-gods and medicine-man of fairyland, and of the witches as real as ever." (Page 147.)

A few pages further on the author discusses homœopathy excellently, but we have not space for all the quotations we should like to make.

"The great fallacy of the age is the vulgar fallacy that 'Knowledge is power.' But not all knowledge is power. Only the knowledge you have faith and aim to use is power." (Page 205.)

"The power of knowing is the fruit of knowing, and the power of acting is the fruit of acting." (Page 206.)

"If we follow the biologist through his long story, what does he do towards touching the mystery of genesis, or help us to conceive how a little thing shaped like a frying-pan, and so small that you can scarcely see it with the best microscope, shall carry over the shape of the paternal nose, the colour of his whiskers, and even his mode of thinking, for sixty odd years?" (Page 216.)

"We want less of such biology as takes all purpose out of the universe and aims at professing a theology of high apes.....But Hunter's back was towards all apes, and his face to the future, because he did not make futile biology, but took pains to bring in the knowledge of nature to the help of man." (Page 222.)

From the suggestive essay on "Alcohol and Individuality" we have not space to quote.

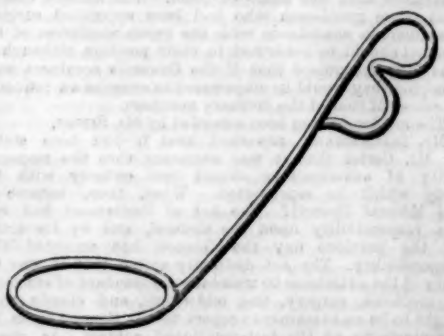
The foregoing quotations sufficiently illustrate our author's aptitude for epigram, love of paradox, and humour. He strikes us as the type of man who generally gravitates to the Bar. Such powers fill the pocket better in the legal profession, but their possessors are not always the better for such a choice, and we are thankful for the choice made by Dr. Moxon. Indeed, the profession can ill spare such men, and to his school his loss must be irreparable.

New Inventions.

A NEW EYE SPECULUM.

THE ordinary speculums are perfectly efficient in exposing the eyeball, but as they all have some part which enters within the margin of the eyelids, their use is necessarily attended with discomfort to the patient, which in slight operations, such as removal of foreign bodies from the cornea, or puncture of the cornea, is often more than the pain of the operation itself. For such cases the author has used the speculum shown in Fig. 1 for several years, and now brings it under the notice of the profession. It consists of

FIG. 1.



a piece of stout wire bent into an oval ring at one end and a handle at the other, as shown full size in the figure. Fig. 2 shows on a reduced scale the mode of application for removing a foreign body, the operator standing behind the patient's head. The ring is applied outside the lids and near their edges. The lids are then, if necessary, pulled more open by the fingers of the other hand. The pressure of the speculum gives it such a good hold on the skin that

FIG. 2.

even the most intense spasm of the sphincter is powerless to close the eye. The pressure to a great extent fixes the eyeball, and also renders the cornea tense, which is a great advantage, especially in puncturing the cornea. In removing a foreign body it is usual and perfectly easy to hold a magnifier in the same hand as the speculum, but this may be dispensed with if preferred. Messrs. Wood and Co., of York, are the makers.

TEMPEST ANDERSON, M.D.,
Medical Officer, York Eye Institution.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

FRIDAY, MAY 13TH.

Mr. MARSHALL, PRESIDENT, IN THE CHAIR.

MR. CARTER'S motion with reference to the appointment of examiners to the Society of Apothecaries was adopted without further discussion.

In pursuance of the proposal made on the previous day,

MR. CARTER moved the appointment as assistant examiners to the Society of Apothecaries of Messrs. Makins, Walsham, and Andrew Clark, and, referring to the point raised by Mr. McVail as to whether the Council could appoint more examiners than were asked for by the Society, said he thought they could not do so, though he admitted that those who were nominated by the Council would carry with them peculiar authority, and if they were of opinion that examinations were not properly conducted the Council would be able to interfere and make a statement to that effect to the Privy Council. Irrespective of the legal aspects of the question, he would suggest to the Council whether it would not be better simply as a matter of courtesy to afford every assistance that was asked of them. The Society desired that those gentlemen who had been appointed surgical examiners in accordance with the recommendation of the Council should be confirmed in their position, although it was fully recognised that if the Council's nominees were accepted they would be empowered to exercise an influence in excess of that of the ordinary members.

The motion having been seconded by Mr. SIMON,

Mr. MACNAMARA remarked that it had been stated by Mr. Carter that it was necessary that the responsibility of examinations should rest entirely with the body which he represented. What, then, became of the Medical Council? The Act of Parliament had cast the responsibility upon the Council, and by its action on the previous day the Council had accepted that responsibility. The Act distinctly stated that it was the duty of the examiners to maintain the standard of efficiency in medicine, surgery, and midwifery, and clearly there ought to be an examiner to report to the Council upon the examinations on the last-mentioned subject. As showing the necessity of this, he might say that, though he considered himself a very good surgeon, he had only delivered two women in the course of his life; how, therefore, could he be expected to sit in judgment on midwifery examinations? Such an official would not exclude the Society's examiners, but co-operate with them. The same observation would apply to examinations in medicine and surgery; in fact, he thought the Council might supplement the Society's Court of Examiners by adding, if necessary, an examiner in connexion with the subjects of surgery, medicine, and midwifery. At any rate, if that was not the intention of the Act it ought to have been. Mr. Carter's resolution said nothing about the statutory obligations created by the Act, but the amendment which he intended proposing would cover the whole ground. His amendment was, "that the subject be remitted to the Executive Committee," which, he thought, would be the most competent body to decide upon the merits of the question, composed as it was of English scientists, from whom the examiners would be largely drawn. It was quite open to the Society of Apothecaries to offer any suggestions as to the constitution of the committee, and he was sure that if they were made they would receive the most careful consideration at the hands of the committee. He therefore moved, "That it be remitted to the Executive Committee to appoint, under Section 5 of the Medical Act of 1886, assistant examiners in medicine, surgery, and midwifery, to assist at the examinations conducted by the Society of Apothecaries in London, and to fix the amount of remuneration to be paid such examiners by the Society of Apothecaries."

Dr. PETTIGREW having seconded the amendment,

Mr. SIMON pointed out that in the original motion no reference was made to remuneration, but added that he was quite agreeable to its being included. He could not agree, however, with Mr. Macnamara that it was intended that the Council should appoint all sorts of examiners, but believed that it should simply provide for a recognised deficiency in the examining powers of the corporation.

Sir WM. TURNER having directed attention to the wording of Sub-section 2 of Section 5 of the Act,

Sir WALTER FOSTER observed that he could not vote for Mr. Carter's resolution because he feared that, if carried, it would in the future place the Council in a dangerous position. Any action that they might now take would become a precedent, and the question before them ought, therefore, to be discussed with great deliberation. He looked upon the Council as the supreme authority for the regulation of medical examinations, and consequently it was not in the power of any of the corporations to dictate the course of procedure which it should adopt. The Council had affirmed by resolution the principle that the Society of Apothecaries was entitled to hold a qualifying examination, but when the latter endeavoured to nominate examiners the effect was to make the Council a body for registering their degrees, and that position could not of course be accepted. The Act of 1886 regarded the Society as capable of holding an examination, not in surgery, but in medicine and midwifery, and it gave the Council a discretionary power to remedy this deficiency by appointing any number of examiners they thought fit in order to make each body complete in itself. It was not contemplated that the Council was to send to the Apothecaries' Society additional examiners in medicine and midwifery, because those subjects were already admitted to the Register, so that there was no necessity to interfere with what was already declared to be right and proper; all that it was necessary to do was to intervene in connexion with the surgery examination, and make it of such a character as to meet with the approval of the Council. Mr. Macnamara's amendment sought to authorise the appointment of examiners in three subjects, and to that he (Sir Walter Foster) could by no means consent, as it was not contemplated by the Act. He would suggest that in order to enable the Executive Committee to report on the matter further debate should be postponed.

Dr. PETTIGREW argued that the Council would not carry out its duties if it simply appointed additional examiners in surgery, seeing that it was their province to maintain the standard of efficiency in medicine, surgery, and midwifery.

Mr. MCVAIL, after observing that if such a committee as had been proposed were appointed the difficulty might perhaps be evaded, proceeded to point out that the Act declared that certain universities were still able to hold qualifying examinations, and that if other bodies deficient in such powers were unable to combine with those that were thus privileged they might join with the Council whose examiners would have the power of controlling the examinations. The Council were now in a position to form a union with the Apothecaries' Society exactly as the College of Surgeons might have done had it been so minded. Such examiners, however, would not merely be responsible for surgery, but for medicine and midwifery also, because the Act expressly mentioned that this should be done. It was imperative on the Council to carry out the provisions of the statute, and it was useless to attempt to wriggle out of an obvious duty simply because it might be urged that the Act was badly drawn. Mr. Carter had succeeded in joining his Society with the Council, and he ought to be proud of it, but if his proposals were accepted he would do harm to the institution with which he was connected, and help to render the Act a farce and a sham. He agreed with Sir Walter Foster that it would be better to delay further discussion until they realised their exact position.

Mr. CARTER said he was willing to withdraw his motion, but announced that he would vote in favour of an amendment which Sir W. Foster proposed to bring forward in preference to supporting that which Mr. Macnamara had already submitted.

Sir W. GULL, after expressing the satisfaction he felt at being born this side of the Tweed, went on to say that, though he had not much logic, he possessed some common sense. Dr. McVail had supplied them with no end of logic, but it had all ended in wind. (Laughter.) It had been agreed by the Council that the Society of Apothecaries should have a qualifying examination, and they were now asked to enable the Society to carry that examination to its legitimate end; but the suggestion made by Mr. McVail was that the Council should appoint examiners in all sorts of subjects, and itself become an examining board. This reminded him of the saying, "Why make your bridge much wider than the flood?" The Apothecaries' Society could not examine in surgery, and

it naturally came to the Medical Council for the necessary powers; but it seemed that if Mr. McVail could have his way he would extend the provisions of the Act to all space and time, even to the controlling of the movements of the heavenly bodies. (Laughter.) With his old friend, Benjamin Disraeli, he (Sir William Gull) could only say, "Thank God we are not governed by logic." (Laughter.) Mr. McVail had said the Council was responsible for the entire examination, although what it simply had to do was to appoint the necessary examiners. Perhaps when he next spoke he would assert that the Council was responsible for the issues of life and death. He (Sir William Gull) should certainly vote for Mr. Carter's motion.

Dr. LEISHMAN heartily supported Mr. Macnamara's amendment, because he was distinctly of opinion that the examiners to be appointed should be responsible to the Council for every detail of the examination.

Dr. HAUGHTON could not vote for the motion, because he was convinced that the Council had power to appoint examiners in midwifery and medicine as well as in surgery.

Dr. HERON WATSON suggested that, in order to avoid further delay, the Council should itself go into committee on the subject. The Apothecaries' Society had asked that certain gentlemen should be appointed, and had thereby exceeded their powers, inasmuch as the Act enabled them only to apply for examiners, and not to nominate them. He understood that the examination fee was six guineas, and he should like to know whether it was sought to have the Society rehabilitated in order to cheapen the process of obtaining a licence in medicine, surgery, and midwifery. The varying prices of diplomas were a melancholy fact, and he thought it would be desirable that the Council should insist upon a levelling up, not only as regarded the fees, but also as to the times of examinations. In conclusion, he said that he should vote for the amendment.

Further debate was at this point discontinued, and the Council adjourned for a short time, having unanimously agreed in the meanwhile, on the motion of Dr. Quain, seconded by Mr. Macnamara, to the adoption of the report of the Pharmacopœia Committee. When the Council re-assembled,

Mr. CARTER said he should like to be permitted to withdraw his motion, and the Council having agreed to allow him to do so, Mr. Macnamara's amendment became the substantive motion, but this in turn was withdrawn in favour of Mr. McVail's proposal, to the effect "That a committee be appointed to consider, with such legal assistance as they may require, the number of assistant examiners that should be appointed to the Society of Apothecaries of London, the subjects in which they should respectively examine, and the powers and duties which they may consider the Council should by order prescribe, also as to the remuneration of the assistant examiners, and to report to the Council at its present session."

Sir W. FOSTER then moved, as an amendment, "That pending a full consideration of the best mode of carrying out the resolution of the Council to appoint assistant examiners to the Society of Apothecaries under the provisions of the Medical Act (1886), and subject to further resolutions of the Council under Section 5 of the Act, the Council hereby appoint Messrs. Makins, Walsham, and Andrew Clark as assistant examiners for the Council for one year from July, 1887." He said the matter was a very serious one, but he could not see how during the present session the Council could obtain all the requisite information for its guidance. The Council might be compelled to act in a way not contemplated by the framers of the Act, but before going to that extreme full time was needed for deliberation; whilst it was not unlikely that counsel's opinion would have to be taken and arrangements made to confer with the leading officials of the Privy Council. The gentlemen named in his resolution would be appointed, not at the dictation of the Society, but because they were members of the profession, and had been introduced to the Council as fit and proper persons to conduct the examination. To add these examiners to those on the Society would not in any way prejudge the question, and during the interval legal advice could be obtained as to future procedure.

Dr. QUAIN seconded the amendment on the ground that it would be impossible to go into and present a satisfactory report upon the subject during the current session. To his mind, however, there could not be any difference of opinion as to whether the Council could appoint examiners in all subjects or in only one, and he thought they ought to confine themselves simply to what was asked for—viz., examiners in surgery.

Dr. LEISHMAN suggested the appointment of an examiner in surgery, medicine, and midwifery respectively, instead of three in surgery.

Sir W. FOSTER thought that to do so would prejudge the question, which would not result if his amendment was adopted in its present form, because the gentlemen mentioned therein were simply styled "assistant examiners."

Dr. A. SMITH looked upon the amendment as a mere substitute for Mr. Carter's motion, and he objected to this attempt to obtain by a side wind what had been refused when put in another form. The Council ought to possess complete control of the examinations, but if they were to accept Sir W. Foster's amendment they would find themselves shorn of their power to do so.

Dr. BRUCE was in favour of the amendment. The Society's examination hitherto had been accepted as sufficient, and the body ought not be unnecessarily interfered with; but it was doubtless desirable that its standard of efficiency should be raised, and, having regard to the words of the Act, he thought it was the duty of the Council to supplement the existing board by appointing assistant examiners in surgery, medicine, and midwifery. It was only proposed to continue the present arrangement for a year. Next year the Council could consider the whole question, and see that the examinations were what they should be.

Sir WM. TURNER thought that Mr. McVail's motion, perhaps with some little modification, was the best that could be adopted. He did not at present see his way to a true interpretation of the words of the Act, and an authoritative opinion was wanted upon the subject. For that purpose it would be best to refer the matter to a committee. He could not, however, think that it was the intention of the Legislature to establish anything like a State examination. Sir Walter Foster's amendment appeared to him to be a proposal to shirk the difficulty, at least for a year, and to sanction the existence of the examinations of the Society of Apothecaries precisely as they had been conducted.

Dr. HAUGHTON referred to the answers given by the Attorney-General, the Solicitor-General, and Mr. Muir Mackenzie on the points submitted to them. A question had been raised as to whether, if a university were to give a degree in medicine, another in surgery, and another in midwifery, the holder of them would be entitled to registration. He understood the answer to be in the affirmative: "Such evidence can be either by diploma, or diplomas granted by the combined body, or by a certificate, or in any other manner that the General Council or Branch Council may consider satisfactory." He presumed that the conjoined bodies or universities might send up diplomas or qualifications without a special certificate. The Apothecaries' Company was already qualified to give a diploma in medicine and midwifery; and the Council, in supplying an additional examination in surgery, had placed the Society in the position of a conjoint body, and had not given it the right to conduct a State examination. By the addition of surgery the Society would be able to give three diplomas, the production of which would entitle the holder to be placed upon the Register. He supported Mr. McVail's motion. The authorities in Dublin considered that it was absolutely in the power of the Council to give directions to the Registrar in the sense he had indicated.

Mr. SIMON said the Council would be going beyond its powers in agreeing to the amendment. The Act gave the Council power to appoint additional examiners "from time to time," and the present motion was to appoint them for a limited time only. According to his reading of the Act the duty of the Council was simply to supply a specific deficiency; it had not a general commission to improve the examinations of the licensing bodies except by means of inspectors, and by reporting when necessary to the Privy Council. The two things ought not to be confounded. He supported the amendment of Sir Walter Foster, which simply accepted provisionally the arrangements in force at the Society of Apothecaries for a limited period, and subject to any further resolutions of the Council under Section 5. If there were a reference at all, it ought to be to the Executive Committee.

Dr. DUNCAN supported Sir W. Foster's amendment, but expressed his dissent from most of the speeches that had been delivered in its favour.

Dr. GLOVER said the Medical Council had an awkward habit of postponing its duties. He had himself found in

private life that however difficult a thing might be to-day, it was still more difficult if put off till to-morrow. That rule applied, he thought, to the present position of the Council. They owed it to themselves and to the Society to settle the business during the present session. If the matter were postponed, the Society of Apothecaries would be living for twelve months in a state of suspended animation. It was due to the Society that the Council should complete its equipment as rapidly as possible.

Mr. CARTER said that on behalf of the Society of Apothecaries he cordially supported the motion of Sir Walter Foster. As to the weekly meetings of examinations, the fees paid, and other matters of the kind, they were all settled by Act of Parliament; but the Society intended, as soon as it was relieved from its present state of suspense, to apply for an Amendment Act so as to bring the arrangements more in harmony with present-day requirements. There was no intention on the part of the Society to dictate to the Council. If the Amendment were adopted, there would be ample time to consider the many difficult problems requiring solution, and the ordinary work of the Society would still be conducted in an uninterrupted manner.

Dr. STRUTHERS said that, as he had foreseen, the letting out of the waters had already begun. Sir Walter Foster's amendment was a very clever and ingenious way of getting out of the difficulty; but it certainly prejudged the question.

Sir W. TURNER said it was the duty of the examiners to take cognisance of medicine, surgery, and midwifery, and he wanted no lawyer's opinion upon the subject. Indeed, the Council had no choice in the matter.

Dr. KIDD called attention to a statement in the report of the visitors that the examiners of the Society of Apothecaries were not bound to examine in any special subject; but undertook the examinations for periods of five weeks. It was, however, generally recognised at the present time that all examinations should be conducted by experts.

Mr. CARTER said that on the recommendation of the Council the system had been altered.

Mr. MCVAIL said that if Sir Walter Foster's amendment were adopted, the Society of Apothecaries in its present state would be perpetuated for another year, and he maintained that the Council had no power to bring about that result. One consequence of it would be that when there was the least difference on the part of any combining body there would be a split up of the whole thing, and more examining bodies would have to be appointed.

On a show of hands being taken for the amendment, 12 voted for it and 14 against. For: Mr. Wheelhouse, Dr. Fergus, Mr. Teale, Dr. Haughton, Mr. Collins, Sir W. Foster, Dr. Pyle, Dr. Quain, Mr. Simon, Dr. Bruce, Mr. Carter, and Dr. Moore. Against: Dr. Struthers, Sir Dyce Duckworth, Sir W. Turner, Dr. Banks, Dr. Pettigrew, Dr. A. Smith, Dr. Leishman, Dr. Tuke, Dr. Heron Watson, Dr. Kidd, Mr. McVail, Dr. Glover, Mr. Macnamara, and Dr. Chambers.

Some discussion took place on a motion for the adjournment of the debate. On a show of hands the motion was negatived, but on the names being taken and the numbers counted it was declared to be carried by a majority of one.

SATURDAY, MAY 14TH.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

A communication was received, and ordered to be entered on the Minutes, from the London School of Medicine for Women, petitioning the Council that, in the event of their appointing examiners in surgery for the Society of Apothecaries of London, they would urge upon the Society the duty of recognising the School and admitting its students to the benefits of the Society's examinations and licence.

Sir WILLIAM GULL gave notice that he would call attention to the subject at a future sitting of the Council.

The following *ad interim* report was received from the Income and Expenditure Committee:—

The Committee appointed to consider the past income and expenditure of the Council, and to report to the Council whether any, and if so what, diminution can be made in the future expenditure of the Council, and also whether, and in what manner, its income may be increased, make the following *ad interim* report.

The average annual income of the General Council and of the three Branch Councils for the past five years has been as follows:—

General Council ...	£5679 5 0	Scotch Br. Council ...	£1933 0 2
English Br. Council ...	4730 14 3	Irish Branch Council	1276 4 0

The average yearly total income (£8877 14s. 6d.) of all the Councils for the past five years—as set forth in Table A—includes, however, exceptional receipts from the new edition of the Pharmacopœia. If the average yearly amount (£981 6s. 4d.) which has resulted from the sale of Pharmacopœias during the past five years be deducted, the average annual income of the General and three Branch Councils amounts altogether to £7996 8s. 2d.—that is to say, in round numbers to about £8000. The committee are unanimously of opinion that there are at present no available means of increasing the income of the Council. It has been suggested that a registration fee might be charged for medical students, but the committee are unanimously of opinion that this cannot be recommended.

The expenditure of the General Council and of the three Branch Councils during the past five years is set forth in Table B, which shows the annual averages during that period to have been as follows:—

General Council ...	£5679 5 0	Scotch Br. Council ...	£444 9 1
English Br. Council ...	875 19 10	Irish Branch Council	487 2 7

The expenses and balances of receipts of the three Branch Councils for the past five years are set forth separately, in detail, in Table C. It results, therefore, that the annual average of the total income for the past five years of the General Council and of the three Branch Councils—excluding, for purposes of comparison, the exceptional receipts that have, as before stated, arisen in connexion with the Pharmacopœia—amounts to £7996 8s. 6d.; and that the expenditure has been £6789 14s. 8d., thus leaving a yearly balance in favour of income of £1206 13s. 6d. These yearly balances have, from time to time, been invested in Consols by the Branch Councils, thus giving now a total of investments of £38,169 17s. This expenditure will, at the present rate of payment, be increased by the enlargement of the Council; and the increase will probably be to the extent of nearly one-fourth, the proportion in which the number of Council members will be ultimately increased. It becomes thus manifest that if the income and expenditure of the enlarged Council are to be brought into satisfactory relation, and if there are no means available for increasing the income, it will be necessary to reduce the expenditure. Among the items of expenditure, those which are attendant upon the meetings of the General Council have received the serious consideration of the committee, and the committee are of opinion that this expenditure should be reduced. But they defer making any proposal as to the method of effecting such reduction until the report by the Procedure Committee shall have been considered by the Council.

May 12th, 1887. G. M. HUMPHRY, Chairman.

An opinion was read from the Attorney-General, the Solicitor-General, and Mr. Muir Mackenzie, in answer to the following questions:—

(*a*) Whether the sanction of the Council is necessary in order to enable the medical bodies mentioned in the Act of 1886 to combine for the purposes of the examinations therein mentioned; or whether such bodies can combine without the sanction of or reference to the Council. (*b*) If counsel are of opinion that the medical bodies can legally combine without the sanction of the Medical Council, whether the General Council or Branch Councils, through their registrars, can or should require evidence, either from the diploma or diplomas granted by such combined bodies, or from a certificate to accompany such diploma or diplomas, that the person receiving it or them has passed the necessary qualifying examination, and that the examination has been conducted by bodies who have legally combined under the Act of 1886.

The opinion was as follows:—

(*a*) In our opinion, the sanction of the General Council is not necessary in order to enable the medical bodies mentioned in the Medical Act, 1886, to combine for the purposes of the examinations therein mentioned, and such bodies can combine without the sanction of or reference to the General Council. (*b*) In our opinion, the General Council or the Branch Council through their registrars can and should be satisfied that each person who presents himself for registration has passed the necessary qualifying examination, and that the examination has been conducted by bodies who have entered into a valid combination, under the Act of 1886, s. 3. Such evidence can be afforded either by the diploma or diplomas granted by the combined bodies, or by a certificate, or in any other manner that the General Council or Branch Council may consider satisfactory.

R. E. WEBSTER.
EDWARD CLARKE.
The Temple, March 30th, 1887. M. MUIR MACKENZIE.

A letter was read from the Lord President of the Privy Council, together with a copy of an Order in Council of the 25th March last, declaring that Part 2 of the Medical Act of 1886 shall apply to the colony of New Zealand.

Certain regulations were received for the diploma in Public Health of the University of Aberdeen.

A communication was received from the Science and Art Department with reference to the International Conference on Hygiene to be held next September in Vienna, and stating that, should the Medical Council wish to nominate a delegate, the Secretary of State for Foreign Affairs had expressed his readiness to furnish his name to the Austro-Hungarian Government.

The adjourned debate of Mr. McVail's motion with reference to the Society of Apothecaries was resumed.

Mr. SIMON said that the motion as to the appointment of assistant examiners referred to "the subject in which they should respectively examine." He suggested that the words should read "the subjects in which they should respectively or collectively examine." The words proposed by Mr. McVail appeared to prejudge the whole point at issue.

Mr. MCVAIL accepted the proposed modification.

Dr. HAUGHTON moved as an amendment "to omit the words 'a committee be appointed,' and to substitute for them 'the executive committee be requested.'" The Council had passed a resolution affirming the principle that it would supplement the Society of Apothecaries' examination by the appointment of examiners in surgery only. There

was no power to thrust on the Society an examiner in medicine and midwifery, and if the Council did so he believed that the Society might resist it in a court of law. If the College of Surgeons were under consideration the Council would have to give them supplemental examiners in medicine; and in the same way it had to give the Society of Apothecaries examiners in surgery. The principle of Mr. Carter's resolution had been adopted by a large majority, but the Council appeared to be hopelessly divided on the question of how to carry it out. There was the same confusion among the members of the Council as there would be among the judges of the Court of Queen's Bench if they tried to treat a case of fever. He did not think that any committee would be able to settle the question during the present session. Under all the circumstances, he thought the best course was to refer the question to the Executive Committee, who were accustomed to deal with such matters. He believed that it was beyond the power of the Council to appoint examiners in medicine or midwifery for the Society of Apothecaries, and if it had the power it would be unwise to exercise it.

Mr. MCVAIL said that the Executive Committee was a small body, and he believed that the members of it were all of one way of thinking. He therefore objected to the question being remitted to that committee; a larger committee should be appointed on such an important question.

Dr. HAUGHTON said he did not know who constituted the Executive Committee, or what views they entertained.

Mr. MCVAIL said he had no objection to include in the committee that would be appointed under his motion all the members of the Executive Committee.

Dr. HAUGHTON said that under those circumstances he would withdraw his amendment.

Dr. H. WATSON said he did not approve of the matter being referred to the Executive Committee, and did not desire that it should be relegated to another session. If the Council did nothing more than appoint surgical examiners, he did not think it would incur the opprobrium of setting up a gigantic examining body; but he strongly held the view that the Society of Apothecaries should be aided by the Council by the appointment of such assistant examiners as the Council thought fit, in order to make it an efficient board.

Dr. QUAIN moved an amendment to the effect that it was unnecessary to refer the matter to any committee, and that the Council proceed to comply with the request of the Society of Apothecaries. He said he hoped the Council would not commit itself to so false a step. There was not a shadow of pretence for saying that the Council had any other duty than that of appointing examiners in surgery for the Society of Apothecaries. The Act of Parliament stated that examiners should be appointed to the bodies concerned "on their application," and the Society had only applied for examiners in surgery.

Mr. B. CARTER seconded the amendment. He said he had no sympathy with the imaginary difficulties that had been raised by many speakers. The intention of the Act was clear, although its language was in many respects defective and involved. The great peculiarity of the case of the Society of Apothecaries was that the inability was not a real but only a technical one. They had the examiners, although they had not the statutory right, and he asked the Council to recognise the existing position of things. The direct question which they had to determine had been lost sight of. His willingness to consent to a reference to the Executive Committee arose from the fact that that committee consisted of gentlemen accustomed to transact business expeditiously, and he knew that when they went to the law officers of the Crown the contentions raised about the responsibilities the Council was going to assume would be scattered to the winds. He could not, however, agree to a reference to a committee *ad hoc*.

Mr. SIMON said that if the proposed committee were to take legal advice of a quality sufficient to satisfy every scruple of every member of the Council, the proceedings must occupy considerable time. The opinions of solicitors and attorney-generals could not be obtained in a day. There might be a difficulty in the selection of the members of the committee, and would it not be better that the Council settled the matter itself? He had no right to go back on the amendment which was rejected yesterday afternoon, but it was rejected by an accident, after the Standing Orders had been suspended, and when one or two of those who were in favour of it were absent. Would not the simplest way of dealing with the matter be to invite Mr. Muir Mackenzie to attend and answer any questions that might be put to him? Some of them dissented from the principle of what they were doing, but if his suggestion were adopted they would be able to take part in the consultation, while great embarrassment would arise in the appointment of a committee. If they did it in full Council, with the assistance of the legal adviser, he thought they could not go very wrong, and much time would be saved.

Sir W. TURNER said, although Mr. McVail's motion to a large extent met with his approval, he thought that under the circumstances in which they were placed Mr. Simon's suggestion would better meet the most important of their difficulties. He would ask Dr. Quain to withdraw his amendment and allow Mr. Simon to substitute for it one expressing in terms the suggestion that he had made.

Dr. HERON WATSON considered that the solution of the position suggested by Mr. Simon was really the only possible one. He could not, however, coincide with the proposal to have legal advice. So far as he had seen, the advice which they had of late received from the solicitor and counsel had rather tended to darken judgment than to clear it up.

Dr. QUAIN consented to Sir Wm. Turner's suggestion.

Sir WM. GULL could not see why the Council should not proceed to do their duty. He could see his way clear enough. He had no doubt that it was his duty to help to appoint assistant examiners, and in his opinion it should be done at once. Metaphysics and logic and theory had been indulged in; but the Council had its work to do, and any plain Englishman could in five minutes do all the work which had taken three days.

Dr. DUNCAN said he did not quite agree with the views expressed by any of the previous speakers. The Council had settled that they were to proceed with the appointment of the assistant examiners to the Apothecaries' Society, and the point that was not decided would not be settled by Mr. M'Vail's resolution or by Dr. Quain's amendment. Underlying all other matters was the question whether the Council were to take charge of the entire examination by the Apothecaries, or whether they were merely to do what the Act prescribed—namely, to appoint assistant examiners. When that was settled the whole question would proceed easily. Was the Apothecaries' Society in future to be a mere creature of the Council, or was it to be, as it had hitherto been, a body of independent examiners, with assistants sent to them by the Council? Mr. McVail and his supporters hoped to establish the principle that the Apothecaries' Society should in future exist, not in reality, but merely virtually; that as an examining board it should be a mere creature of the Council, and that the Council itself should examine in all branches through the Apothecaries' Society. No one could read the Medical Act and suppose that that was the intention of the Legislature. The word "assistant" was enough to settle the whole matter. He would suggest another amendment, which would not require legal advice: "That the assistant examiners about to be appointed are to be such as are required by the Apothecaries' Society, with a view to the completion of the board of examiners under the Act of 1886."

Dr. HERON WATSON.—That does not clear up the difficulty.

Mr. MACNAMARA thought the difficulty would be solved if the legal adviser attended at two o'clock next Tuesday.

Dr. Quain's amendment was thereupon withdrawn in favour of the following, moved by Mr. Simon, and seconded by Dr. Quain: "That the Council will on Tuesday next, at two o'clock, consider in committee the steps by which to give effect to its resolution of May 13th for the appointment of assistant examiners to the Society of Apothecaries, and that a request be made to Mr. Muir Mackenzie and Mr. Farrer for their attendance on that occasion."

Mr. M'VAIL said that after discussing the subject for nearly a week the Council had now got into a position of grave legal difficulty, and the time was very short before June 30th. In the interest of the Apothecaries' Society the matter should be quickly settled. It was therefore advisable to refer it to a committee to prepare for the discussion next Tuesday, and to lay before the legal advisers the difficulties which the Council felt, and which they were incapable of settling. Evidently Mr. Simon meant to oppose to the death the views of some members of the Council. By motion after motion obstructing the inquiry he showed that he was determined that his view of the duties of the Council should be carried.

Mr. SIMON said such personal imputations were contrary to the practice of the Council. He could not more clearly show that he was not pressing any personal view on the Council than by asking that their legal advisers might attend.

Mr. MCVAIL said he did not impute any personal motive to Mr. Simon, who was simply acting according to what he considered his duty, but he opposed the inquiry by amendment after amendment, and was conducting his opposition with a degree of persistency that was unusual in the Council. The opinion of the committee might come before a committee of the whole House, and it was extremely desirable that then the legal advisers should be present. If the Council declined to proceed with the matter until Tuesday, they would either have to sit an absurdly long time, or would have to be called together again before June 30th.

Dr. BANKS heartily supported Mr. Simon's motion, as he considered it the only practicable way of getting out of the difficulty. If the discussion were continued much longer, he thought the power ought to be conferred upon the President, which was exercised in another place, to put a stop to it.

Dr. KIDD thought that the different views might be harmonised. There were certain duties laid down by the statute which Mr. Simon's amendment did not cover. The Council had to fix the time of the examinations, to decide how the standard of education and examination was to be maintained, and to consider the powers and duties to be conferred on them, as well as the remuneration. It would probably meet the views of the Council if the motion ran: "That a committee be appointed to consider, with such legal assistance as they may require, the number of assistant examiners that should be appointed to the Society of Apothecaries of London, the subjects in which they should respectively examine, and the powers and duties which they may consider the Council should by order prescribe, and also as to the remuneration of the assistant examiners, and to report on Tuesday at two o'clock, when the legal adviser should be requested to attend."

Dr. BRUCE said there appeared to be an attempt to put the cart before the horse. The first thing the Council had to do was to make up its own mind. Referring the matter to a committee was a silly proceeding; it was passing away their responsibility to a committee. The right and proper thing to do was to first settle the legal question, and then they might appoint a committee.

Dr. GLOVER wished to ask the older members of the Council if they ever remembered a question of such magnitude being settled without the previous appointment of a Committee to draw up a careful statement, and then to come to the Council with the best basis they could arrive at. With regard to the legal construction, he thought it would be shown that their duty would be limited to the appointment of surgical examiners, but the question would come out in the report of the committee, who would certainly be very much fortified by having a lawyer present at their meeting. He would appeal to Mr. Carter, after the friendly vote of Thursday and the disposition shown by the majority of the Council to treat the Apothecaries with great faithfulness and justice, to give the members credit for wishing as well to the Society as he did himself.

Mr. SIMON said that, to the best of his recollection, there had never been a case of this kind before. There were groups in the Council holding fundamentally different opinions on a point of law, and a settlement could not be arrived at by a Committee. After hearing Mr. Muir Mackenzie's opinion each member of the Council would be able to satisfy himself as to the construction of the law and to put questions to counsel.

Sir W. TURNER said that the presentation of the amendment by Mr. Simon had put the question in a very different aspect, because it now appeared that all parties in the Council were of opinion that additional advice was needed before the matter was dealt with. He did not consider that a special committee was needed. Every member of the Council had the points in dispute clearly in his mind, so that it seemed to him that Mr. Simon's suggestion was the more practical. If it were agreed to, then the Council, before it parted on Tuesday afternoon, would be able to do what they were advised to do.

Dr. STRUTHERS could not agree with Sir W. Turner. He thought the motion and amendment might be worked in together. Besides the point of law, there were a number of other matters to place before counsel, and if that were done, then on Tuesday they might come to a decision.

Mr. MCVAIL said he was willing to adopt Dr. Kidd's amendment if Mr. Simon would do the same.

Mr. SIMON would not consent to this course.

Dr. QUAIN said, in answer to Dr. Glover, that the usual way had been for the President to communicate to the solicitor the question under discussion, and, no doubt, that course would be followed in the present case.

Mr. Simon's amendment was then voted upon, and carried by 21 to 5.

On its being put as a substantive motion,

Dr. KIDD moved the amendment which he had previously referred to.

Dr. PETTIGREW seconded the amendment, but it was lost by 18 to 8.

The PRESIDENT said that he regarded it as his duty, in the present crisis, to prepare a case and a series of questions to be submitted to the lawyers before Tuesday. He congratulated the Council on the failure to carry Mr. McVail's motion, because it had struck him all along that the words "such legal assistance as they may require" involved an exceptional and altogether wrong power. The committee, if appointed, would have been able to go outside the legal advisers of the Council and obtain opinions from Scotland or Ireland.

Mr. MCVAIL.—Certainly.

Mr. SIMON's motion was then agreed to *nem. con.*

The Apothecaries' Hall of Ireland.

Mr. COLLINS moved: "That inasmuch as the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland have declined to comply with the request of the Medical Council of Feb. 16th, 1887, that the Colleges should combine with the Apothecaries' Hall of Ireland for the purpose of holding qualifying examinations in accordance with the provisions of the Medical Act (1886), and the Governor and Court having made application to the Medical Council for the appointment of assistant examiners, the Council do now appoint such examiners accordingly." In doing so he said the Registrar of the College of Physicians had sent him a statement, with the request that he would carefully consider it. He had done so, and he thought there were certain portions of it calculated to produce an erroneous impression upon the members of the Council. The Act of 1791 was "for the more effectually preserving the health of His Majesty's subjects, for erecting an Apothecaries' Hall in the city of Dublin, and regulating the profession of an apothecary throughout the kingdom of Ireland." The members of Parliament who passed it knew very well what the meaning of the word was, but the contention of the College of Physicians of Ireland was that the licence of the Apothecaries' Hall was only a licence in pharmacy. If that had been the intention of the Irish Parliament, the words would have been "for regulating the practice of pharmacy in Ireland." It should be known that the College of Physicians was at that time just as much opposed to the idea that the apothecaries of Ireland should practise medicine as they were at the present time. In one part of their statement it was said that in 1791 there were no apothecaries in Ireland properly so called, but the Act was passed "at the request of the master, wardens, and commonalty of the corporation of apothecaries and other apothecaries of the city of Dublin." Therefore there were apothecaries at that time because the Act was passed at their request. He at once acknowledged that the Hall mixed up trade with profession, and the Irish Parliament and the English Parliament intended that they should do so. There was not a single word in the Act directing the appellant examiners to confine their examinations to materia medica, pharmacy, and chemistry, nor did it preclude them from examinations in the practice of medicine. The legal opinion of Sir Joseph Napier was that no such thing was intended by the Act, and that it would be an anomaly to give the appeal to the College of Physicians without expecting them to examine in the practice of medicine. What made that perfectly certain was this: they had, as a board of examiners, to institute examinations for apprentices, and to give examinations to assistants, and then the final examination for licence to practise as an apothecary. Now an apprentice and an assistant, if three times rejected, had an appeal to the General Council of the Hall, but an apothecary was allowed to appeal to the College of Physicians because they had to examine him to see that he was not unfairly rejected by the examiners of the

Hall either in pharmacy or in the practice of medicine. The Act left the Hall perfectly at liberty to examine in every subject from time to time. The Apothecaries' Society of London were obliged to have an examination every week, but there was no such limitation in the Irish Act, which left the Hall at liberty to make changes from time to time as circumstances and the progress of knowledge might require. Dr. Kidd had said that the College of Physicians had not declined to comply with the request of the Hall, but in his opinion an offer based on impossible conditions was the same thing as declining. The condition was that the Hall should take some kind of case to the Queen's Bench at Dublin and have it decided at their own expense, for the satisfaction of the College of Surgeons and the College of Physicians, before they were admitted to the conjoint examinations. He had asked Mr. Purcell whether the College of Surgeons could be satisfied in that way—by bringing a sham friendly case into the Queen's Bench; and the answer was that there was no way of doing it until the Hall had an independent position, or until they joined with the College of Surgeons, and then, if the College of Physicians chose to go to law, the question might be brought into court. The efforts to bring about a Conjoint Scheme in Ireland went on for three or four years—from 1871 to 1875. First, the two universities and the three corporations endeavoured to combine; afterwards, the University of Dublin and the three corporate bodies tried to form a Conjoint Scheme; and, finally, the three corporate bodies alone formed such a scheme, but it came to nothing because the two colleges could not agree upon pecuniary matters. It was said that efficient examiners could not be obtained among the existing directors of the Hall; but of the sixteen examiners, only two held the qualification of the Hall alone, six had double qualifications, and seven had triple qualifications. It had been stated that only one of the examiners was a licentiate of the College of Surgeons in Ireland, but there were four. He himself had kept up his knowledge of medical and pharmaceutical chemistry to the present day, and in reality the examiners were all experts. When the visitors from the Council attended at the examinations, the Hall came off just as well in the reports as any of the other bodies that were visited. Of course some fault was found, but not more than was found with the College of Physicians, and Dr. Gairdner was astonished at the admirable examination in hygiene. The Hall, too, was complimented by the visitors on the examination in midwifery.

Four o'clock having arrived, the debate was adjourned.

MONDAY, MAY 16TH.

MR. JOHN MARSHALL, PRESIDENT, IN THE CHAIR.

On the motion of Mr. WHEELHOUSE, seconded by Dr. STRUTHERS, a communication from the Parliamentary Bills Committee of the British Medical Association, requesting the attention of the Council to the provisions of the Pharmacy Acts Amendment Bill, was received and entered on the Minutes.

The Practical Education Committee, which was appointed (1) to consider the best methods of increasing the practical element in medical education, as by a system of limited pupilage with a registered practitioner, and (2) by insistence on more clinical, therapeutical, and pathological teaching and work in medical schools, now reported that it had had under its consideration the large proportion of rejections at the final examinations of many of the medical authorities, together with other facts which seemed to show a deficiency in the knowledge of practical subjects on the part of candidates. It was of opinion that such deficiency was, primarily at least, the concern of the medical authorities, and that they were best able to make such changes in their curriculum and examinations as would effect the improvements to be desired in medical teaching. On the question of pupilage, the committee was of opinion that, in some way, the advantage to be derived from personal instruction was of too great value to be altogether sacrificed, and suggested that a period of not less than six months should be spent in personal pupilage—not necessarily six consecutive months, but six in all; that personal pupilage should imply not only the study of the routine of medical life and its accessories, but also, at some period of its duration, the responsible charge of patients under efficient supervision. They also recommended that the six months should be taken during the long vacation, and after the examinations in anatomy and physiology had been passed. On the subject of school and hospital study, the committee drew attention to a resolution which had already been before it, and which stood recorded in its Minutes—viz.:

"That it be a recommendation to the licensing bodies that in admitting candidates to professional examinations care be taken that attendance on courses of study prescribed for any second professional examination shall qualify only if made *after* the first examination has been passed, and generally that attendance prescribed for any subsequent examination must be made after passing the immediately preceding examination."

In conclusion, the committee offered the following suggestions:—

1. That the Council, with a view to increasing the practical elements in medical education, should circulate a recommendation to the examining bodies to make the practical part of examination in medicine, surgery, and midwifery more extended and more searching than it has hitherto been, so that it may form a surer guarantee of the possession by the candidate of the required skill for the safe practice of the above-named arts. 2. That it be a recommendation to the examining bodies, in their clinical examinations, to give more prominence to the recognition and treatment of common diseases; and to facilitate the extension and searching power of these examinations, the "final" or qualifying examination should be divided into two parts, of which the ultimate should consist mainly of clinical work and the personal application of diagnosis, prognosis, and treatment to act cases, leaving to the penultimate the testing of the knowledge possessed by the candidate of the other subjects contained in the curriculum of school work. 3. That it be also recommended that there should be an interval of at least twelve months between the two parts of the final examination, and that this interval should be passed in such occupations as will involve the charge of patients under the supervision of competent persons recognised by the authorities of the school at which the candidate has been educated, which authorities should be responsible for the genuineness of the evidence afforded of the candidate's diligence and care of such number of cases of medicine, surgery, and midwifery as the examining body shall deem expedient.

On the motion of Mr. WHEELHOUSE, seconded by Dr. STRUTHERS, the report was received and entered on the Minutes.

The report of the Procedure Committee, appointed "to consider under what rules of meeting and procedure, and with what appointment and authorisation of standing committees and subcommittees, the Council may best provide for the regular, effective, and economical discharge of its statutory duties, the committee to report to the Council at its next meeting, and to propose for consideration of the Council the draft of any new Standing Orders which it may deem desirable," was received and entered on the Minutes.

Visitation and Inspection of Examinations.

The Council having referred to the Executive Committee the arrangements to be made in regard to inspectors of examinations, the committee now presented an interim report stating that it had passed the following resolutions:—

(*a*) "That it be an instruction to the inspectors on the present occasion that they give special attention to the quality of the practical examinations, and to the sufficiency of the means and appliances which are in use in them for testing the qualifications of candidates." (*b*) "That each inspector, within the period of twelve months from the date of his commission, inspect, as regards his subject matter, the qualifying examinations of all the licensing bodies, and report thereon to the Council."

Adjourned debate on the application of the Apothecaries' Hall of Ireland.

Mr. COLLINS, in continuing his address in support of his motion, proceeded to deal with the contention of the King and Queen's College of Physicians that the Apothecaries' Hall had no legal status beyond the appointment of pharmacists, referred to various Acts of Parliament passed during the last century, in which apothecaries were appointed in the same category as physicians and surgeons to attend the county gaols. The present Apothecaries' Act was passed by the Irish Legislature in 1791, and contained provisions for the education and examination of apprentices, assistants and licentiate apothecaries. To show the kind of education given, he stated that when he passed the Hall in 1826 he was examined in Greek, Latin, and English, the subjects being the first two books of Sallust, the first six books of the Æneid, and the first two books of Homer. Having passed that examination, he was bound to an apothecary, and after a certain time, wishing to become an assistant, had to undergo an examination in materia medica, chemistry, and pharmacy. Acts of Parliament passed in 1817 and 1823 stated that persons might be admitted into hospitals on the certificate of a certified apothecary or surgeon, and defined the term "medical officer," as meaning a physician, surgeon, or apothecary. By an Act of 1841 the certificates of two "apothecaries" were made equally valid with those of two physicians or surgeons with reference to the reception or detention of any person in a lunatic asylum; and by a

second Act it was provided that no ship carrying a certain number of passengers was to proceed on a voyage without having on board a "physician, surgeon, or apothecary." He contended that the Apothecaries' Hall had fulfilled its duties, and had given its licentiates such an education and examination as would fit them, in some respects at all events, for the important positions they had to occupy, and for the practice of medicine as well as pharmacy. He referred to the hostility which the Hall had met with from the College of Physicians, although he was not aware that it had done anything to provoke it. Since 1791 it had licensed about 4000 practitioners and was still in a state of vitality, yet the Medical Act of 1886 placed all the various bodies in a new position. The Apothecaries' Hall must come up to that position and undertake the responsibilities, and his colleagues were fully prepared to do so. It was a mistake to say that there were only 387 licentiates of the Hall, for at the present time there were between 900 and 1000 in Ireland. If there were only 800, that would be one-third of the medical practitioners of Ireland, and till 1851 the majority of the practitioners in Ireland were licentiates of the Apothecaries' Hall. They were recognised as medical practitioners not only by the old Acts, but also by the Act of 1858 and the Act of 1886. He relied on the justice of Englishmen, Scotchmen, and Irishmen to aid the Apothecaries' Hall.

Dr. BRUCE seconded the motion. The Council, he said, had recognised the English Society, and in all fairness they ought to recognise the Irish Apothecaries' Hall.

Mr. TEALE felt that the Council had no other course open to it than to accede to Mr. Collins' motion. As they had decided in favour of the Apothecaries' Society of London, he did not see how they could refuse the request of the Apothecaries' Hall of Ireland. By the Act of 1858 they had been obliged to register the licentiates of the Hall, and that arrangement was not disturbed by the Act of 1886.

Dr. STRUTHERS had no objection to offer to admitting the Dublin Society of Apothecaries to the same privileges as the London Society. Still, it must be remembered that the Council were threatened with an action at law by the Dublin College of Physicians. Opinions had been obtained in Ireland in favour of both sides of the question. The College of Physicians contended that the Apothecaries' Hall had no legal power to grant a licence to practise medicine; and the opinion of counsel was "that the Apothecaries' Hall has no power to grant a diploma or licence to practise medicine." On the other hand, Mr. Purcell, Q.C., said: "I am clearly of opinion that the General Medical Council has no power to exclude the holders of such diploma from registration." He would therefore move—"That, inasmuch as a legal question has been raised by the King and Queen's College of Physicians in Ireland as to the right of the Apothecaries' Hall of Ireland to have assistant examiners appointed for them, to enable them to separately hold qualifying examinations within the meaning of the Medical Act (1886), or to enter into a combination with the Royal College of Surgeons of Ireland for that purpose, the General Medical Council decline to appoint assistant examiners for the Apothecaries' Hall unless directed to do so by the Privy Council."

Dr. DUNCAN inquired whether the licentiates of the Society of Apothecaries were refused admittance to the army, the navy, or the Poor-law boards of Ireland.

Mr. COLLINS said they were not. The licences were recognised as a qualification in medicine.

Dr. A. SMITH said that the mere licence of the Society of Apothecaries was not held to be sufficient.

Mr. COLLINS said it of course required a surgical qualification, just as did the licence of the College of Physicians. Both were in the same position.

Dr. KIDD seconded the amendment. The best solution of the question would have been to admit the Society of Apothecaries into the combination, but the question had now entered on a new phase. The College of Physicians had threatened to bring the Council before a court of law if it granted assistant examiners or registered men qualified by the College of Surgeons and the Society of Apothecaries. It was necessary, therefore, to obtain a legal decision on the subject, and that could be done by an appeal to the Privy Council. There was really no analogy between the English and the Irish Societies. The Society of Apothecaries were distinctly directed by the Act to examine in medicine, but no such direction was given to the Apothecaries' Hall of Ireland, the preamble of whose Act distinctly defined their duties as compounders of medicine. The question now was whether the Hall came within the definitions of the Act of 1886. In the opinion of Lord O'Hagan and Mr. Justice Lawson the Apothecaries' Company were not entitled to grant a diploma in medicine, and if so they could not combine with a surgical corporation. It was necessary for them to prove their title, and the amendment afforded them the opportunity of doing so by an appeal to the Privy Council. The College of Surgeons had expressed their willingness to combine if the Apothecaries' Hall had the power to enter into a combination, and if the Privy Council decided that they had that power the Medical Council would be relieved from the difficulty as to the question of examiners. The point in dispute was a legal one, and ought to be decided by a court of law.

Mr. SIMON said that the Privy Council, in the sense of Dr. Struthers's proposal, was not a court of law, but a branch of the executive government. The Act of 1858 enacted that a person holding the licence of the Apothecaries' Hall was a qualified practitioner. The Council could not legally refuse the application of the Hall.

Dr. LEISHMAN thought it would be beneath the dignity of the Council to be influenced by the threat of the King and Queen's College of Physicians. He frankly owned that he considered it a mistake that the Act of last year did not extinguish the London Society of Apothecaries, and the same observation would apply with still greater emphasis to the Irish Apothecaries' Hall. There could not, however, be any doubt that the Apothecaries' Hall was a medical corporation, and the Council therefore had no right to refuse their request, particularly after the decision that had been come to with regard to the London Society of Apothecaries.

Mr. MCVAIL said it was beyond dispute that the Act of 1858 made the licentiates of the Dublin Society of Apothecaries medical practitioners. The Society was therefore a medical corporation, and he could not see any ground for doubting what was the duty of the Council in this case.

Dr. BANKS could not vote for giving examiners to the Apothecaries' Hall until the legal question was decided in their favour.

On the motion of Mr. MACNAMARA the debate was adjourned.

TUESDAY, MAY 17TH.

MR. JOHN MARSHALL, PRESIDENT, IN THE CHAIR.

The Council at once resolved itself into committee, and strangers were requested to withdraw.

On the readmission of the public,

Mr. MACNAMARA resumed the debate on the request of the Apothecaries' Hall of Ireland. The case, he said, was not on all fours with that of the English Apothecaries' Society. That Society's Act clearly laid it down that they should examine in medicine, but no such words were to be found in the Acts relating to the Irish Hall. That Hall simply had to examine as to the knowledge of the candidates of the art and mystery of an apothecary. Neither was the case on all fours with the decision come to by the Council in 1863. At that time the Council's decision was final, and there was no appeal; but now there was an appeal. The Council was not only a Council of Education, but was also a Council of Registration, and they were now placed in the position of having to say whether they would or would not set up a body capable of conferring registrable qualifications. At present there were in Dublin two universities—one requiring a complete course of arts, and the other requiring a most satisfactory general education. There were also the Royal Colleges of Physicians and Surgeons, who were prepared to qualify for the Medical Register. The Council was now asked to set up a fourth body in that city. He knew that it would be most destructive to education in Ireland to give the Apothecaries' Hall the power of granting the qualification in medicine. It was not a question of corporate jealousy or a battle of the shops, but the opinion of the profession in Ireland had been deliberately pronounced upon the subject. In 1881 the Irish Medical Association, which included all ranks of the profession, stated before the Medical Acts Commission that the Apothecaries' Hall of Ireland could not be considered anything more than a body for the licensing of pharmaceutists, and that it had no more claim than the Pharmaceutical Society to be represented at the General Medical Council. It was a trading company, and was now so diminished in importance

as not to be entitled to the privilege asked for it. Mr. Collins had said that in several claims for joint examination the Apothecaries' Society was included, but that was antecedent to the year 1879, from which date onwards the Colleges had steadily refused to have anything to do with the Apothecaries' Society. It might be true that the public services recognised the qualifications of the Apothecaries' Hall, but they also recognised non-registrable qualifications such as the licence of the Coombe Lying-in Hospital and the Rotundo, and those hospitals might as well call upon the Council to recognise and register their qualifications in midwifery as the Apothecaries' Hall might call upon them to register its qualification in medicine. Mr. Collins had argued that the licentiates of the Apothecaries' Hall were of great value as general practitioners because they were enabled to supply medicine to their patients; but the licentiates of the College of Physicians were not interdicted from supplying medicine, though they were from keeping an open shop for the sale of medicines. The pharmaceutical chemists had entirely taken the place of the apothecaries in Ireland. The Council, before conferring the powers sought for, should see that there was an urgent necessity for doing so, especially when they bore in mind that their decision was not the final one. For these reasons he supported Dr. Struthers' amendment.

Dr. QUAIN said that, inasmuch as Parliament had recognised the Apothecaries' Hall as one of the examining bodies, the Council must do the same or be prepared to take the responsibility of refusing, for the Privy Council would be guided by law, and not by sentiment.

Sir W. FOSTER said that the question now before the Council was one of dry law, and not of sentiment. The principle had already been practically decided. He acknowledged that the Irish Society stood on a different footing from the English Society, but still it was a body which had the power to put a man on the Register, and it was not the province of the Council to deprive them of it. As the Hall had not been able to combine with other bodies, it was the duty of the Council to fill up the deficiency by appointing examiners. He considered that the case made out was strong enough to induce a majority of the Council to comply with the request.

Sir WM. GULL stated that he should exercise his discretion, and vote against granting the demand of the Apothecaries' Society.

Sir DYCE DUCKWORTH also expressed his intention of voting against the application.

Dr. HUMPHRY said there was no question of setting up a new examining body. The Apothecaries' Hall existed as the examining body under as good authority as any in the United Kingdom, and since the passing of the Act of 1858 it held a legal position on a par with all other licensing bodies in the country. By that act its licentiates were to be entered on the Register, and whoever was on the Register was a qualified practitioner in medicine and surgery. In his opinion there could not be any legal doubt as to the duty of the Council, and what had been done in regard to the English Apothecaries' Society should also be done in regard to the Irish Society.

The amendment was then put to the vote and lost by 21 to 8, after which Mr. Collins' motion was carried by 21 to 8.

A motion by Mr. B. CARTER, seconded by Mr. SIMON, was agreed to: "That the assistant examiners to be appointed for the Apothecaries' Society of London be examiners in surgery."

Mr. B. CARTER moved, "That these assistant-examiners be three in number."

Mr. SIMON seconded the motion.

Mr. MCVAIL objected to the motion, because no intimation whatever had been given of the number of students to be examined, or any information as to the mode of carrying out the examination.

Mr. SIMON said that for two years the Society had found that three examiners were sufficient.

Dr. M. DUNCAN asked what was the number of candidates.

Mr. B. CARTER said there were 250 annually, and the examinations were held weekly.

Mr. MCVAIL said that the Council were suddenly asked, without any information of a definite kind, to determine on the number of examiners. In his opinion three surgical examiners would not be sufficient for 250 candidates; and before arriving at a decision he wished for information with regard to the examinations—how the written examinations were conducted, whether there were any clinical examinations and who conducted them, and were the same three men to carry out the written, the oral, the clinical, and the operative examinations? It might be said that the average number of candidates was only five per week, but it would be a marvellous circumstance if that were the uniform principle throughout the year. Under these circumstances he would move as an amendment, "That the Council, instead of proceeding to adopt this motion, postpone action until it has received information regarding the methods of carrying out the details of the examinations, written, oral, clinical, and operative, and the numbers of students on the different days of examination throughout the year."

Dr. KIDD seconded the amendment, considering that the number three was either too many or too few.

Dr. BRUCE said that the Council, through its inspectors, would learn how the examinations were conducted, and until their report was received it would be prudent not to interfere too much with the Apothecaries' Society.

Sir W. FOSTER considered that the whole discussion arose from the fault of those who persisted in defeating his amendment on Friday last, when he asked the Council to wait for twelve months in order to give the Apothecaries' Society time to equip itself as a body capable of giving a complete qualification. In his opinion three examiners were sufficient to examine five candidates per week, and he hoped that the Council would carry the resolutions it had previously passed to their logical conclusion.

Dr. STRUTHERS said the recommendations required that two examiners should be present at every examination, but he would offer no further opposition to the Apothecaries' Society getting whatever they wanted.

Dr. HERON WATSON said, as the Council was about to establish a precedent, they should carefully consider the wise and prudent course to adopt under the circumstances. It would be very heavy labour for three examiners to deal with 250 or 300 candidates in the year. The number was too few to invest the written examinations with a sufficient degree of variety, and those gentlemen who prepared students for examination would soon become acquainted with the style of questions, so that the surgical part of the examination might come to be regarded as a matter about which the students need not distress themselves.

Mr. BRUDENELL CARTER said that during the last five years the Society had passed an average of 250 men annually. It was quite impossible to foresee what number of students would present themselves, or in what proportion medical students would be attracted from them by the conjoint examination of the Royal Colleges. This being the case, his proposition was merely this—that, inasmuch as for the last three years the surgical part of the examination had been conducted by gentlemen of the highest character and ability, who had not found themselves overworked for the present for the space of a year, it should remain *in statu quo*, though probably the examiners would feel it necessary to widen the field of examination, and if possible to conduct it with greater strictness than had been found necessary when the surgery was a mere accidental appendage with the qualification the Society was able to give. If the number of candidates increased, no doubt the Society would ask for a further addition to its strength, but at present such a step would be premature.

The amendment was negatived by 21 votes to 5.

The motion was then put and carried.

Mr. CARTER moved, "That each of these assistant examiners be paid an annual stipend of £100."

Mr. SIMON seconded the motion.

Mr. MCVAIL said the idea that 250 students were to be examined in surgery for £300 reduced the whole thing to an absurdity. Was it supposed that men would be found capable of doing the work who would give themselves up to it for that pay. Such a proceeding would make the whole examinations a sham. He moved, as an amendment, "That the question of remuneration be postponed."

Sir W. GULL thought that £100 was not such a despicable sum. He objected to bringing the matter down to one of trade measurement. There was a question of honour in the matter. It was an honourable position that a surgeon should be responsible for surgical knowledge, and in such a case the honour was to be looked at, and not the mere money reward. It was going on very unprofessional ground to say that it would be a sham to get men to examine for £100 a year in surgery.

Dr. STRUTHERS, from the Scotch point of view, thought the proposal a very handsome one.

Dr. HAUGHTON said that at Trinity College some of the surgical examiners were not paid at all, but those who were paid received on an average £1 a head. He therefore considered £300 for examining 250 candidates very fair remuneration. He entirely concurred with Sir Wm. Gull's idea. It was not requiring surgeons to turn out machines as they would steam-engines, but there was also the honour of the position to be considered, which would be worth more to the man than the sum he received.

Mr. CARTER said it was the intention of the Apothecaries' Society to apply to Parliament for power to increase its fees. They felt that that which might be an adequate payment for a licence in one part of the profession was inadequate for a licence in all parts of the profession, and that the examinations must necessarily be more expensive. When that was done, then the payment to the examiners might be increased; in the meanwhile he hoped the existing arrangement would be permitted to stand.

The amendment not being seconded, the motion was put to the Council and carried by 20 votes to 1.

It was moved by Mr. CARTER, seconded by Mr. SIMON, and agreed to: "That, for a term of one year, from July 1st next, and subject to the orders of the Council, Messrs. Makins, Walsham, and Andrew Clark be appointed by the Council to be surgical examiners to assist the Apothecaries' Society of London in its conduct of its qualifying examinations."

Sir WM. GULL said a communication had been received from the London School of Medicine for Women, petitioning the Council that, in the event of their appointing examiners in surgery for the Society of Apothecaries of London, they would urge upon the Society the duty of recognising that school and admitting its students to the benefits of the Society's examinations and licence. He should be sorry if the application was passed over in silence. They could not do what they were requested, but he thought it would be right to pass a motion such as he had prepared—viz.: "That although the General Medical Council has no power to urge the duty of examining candidates, male or female, upon any examining body, and therefore cannot do more than receive the communication from the London School of Medicine for Women (Minutes, vol. 24, pp. 214-215), the Council are not unwilling to express the hope that examining bodies may, if within their powers, find it desirable to admit women on equal terms with men to the privilege of examination." He had no particular interest in the education of women, and had resisted it as long as he could in the University of London. But they had now come to the time when further resistance would be faction.

Dr. BANKS seconded the motion, and pointed out that, although women were not wanted as doctors in England, there was a very large opening for them in India.

Dr. QUAIN objected to the Council being asked to appeal to the Colleges with the knowledge that that appeal would certainly be refused. They had had a very recent lesson in that respect in regard to the appeal of the Apothecaries' Society to be admitted to the conjoint scheme. He moved the "previous question."

Mr. SIMON seconded the "previous question," which was put to the Council, and carried.

The Council then adjourned.

WEDNESDAY, MAY 18TH.

MR. JOHN MARSHALL, PRESIDENT, IN THE CHAIR.

Nearly the whole afternoon was occupied in appointing committees and arranging rules of procedure.

On the motion of Mr. Wheelhouse, seconded by Dr. Struthers, the Executive Committee was empowered to take the necessary steps for carrying into effect the clauses of the Medical Act (1886) relating to the registration of the diplomas of colonial and foreign practitioners.

A communication from the Parliamentary Bills Committee of the British Medical Association, relating to provisions of the Pharmacy Acts Amendment Bill, was referred to the Executive Committee.

Mr. MACNAMARA proposed: "That in compliance with the request contained in the last paragraph of the communication from the Science and Art Department, dated April 30th, 1887 (Minutes, vol. xxiv., pp. 229-230), the names of the medical bodies which have authority to give registrable diplomas or certificates for proficiency in Sanitary Science, Public Health, or State Medicine, be returned to the Science and Art Department as being 'genuine sanitary authorities,' which might wish to send delegates to the International Congress on Hygiene."

Dr. HERON WATSON seconded the motion.

Sir DYCE DUCKWORTH said that so far as the College of Physicians was concerned they refused to send delegates to such congresses because the Government would not pay the expenses.

Dr. GLOVER thought that the Council might itself send a direct representative.

The PRESIDENT said that any gentleman so sent would have to pay his own expenses.

The resolution was agreed to.

The Council then resolved itself into committee to consider the report of the Procedure Committee, and resolutions were passed to the following effect: That the Council should meet each year on the fourth Tuesday in May, and, if necessary, again on the fourth Tuesday of November, unless the President for reasons of public emergency should think otherwise; but other matters may be called on a written requisition signed by eight members and addressed to the President. That the Executive Committee should consist of eight instead of six members, four for England, two for Scotland, and two for Ireland, five being a quorum; and four meetings be held in the year on the Mondays before the fourth Tuesday in February, May, July, and November. Two new standing committees are to be appointed, the Education Committee and the Examinations Committee, each of which should consist of nine members, three for each division of the kingdom, to be annually elected on the nomination of the Branch Councils at the May meeting of the Council. It was also resolved that all the committees should be appointed annually at the meetings in May.

The Council having resumed, the resolutions passed in committee were agreed to, and to the Executive Committee was delegated the task of revising the Standing Orders, so as to bring them into harmony with the resolutions of the Council.

Mr. MACNAMARA hoped that the Council would before the present session terminated appoint visitors to the examinations, as he expected that in July examinations under the Conjoint Scheme between the Royal Colleges of Ireland would be held.

On the motion of Sir WM. TURNER, seconded by Dr. HAUGHTON, it was resolved, "That the General Council instruct the Branch Registrars to register, after the appointed day prescribed by the Medical Act (1886), graduates of universities who have passed a qualifying examination in medicine, surgery, and midwifery, either on the production of a diploma or diplomas in respect of medicine and surgery, or on the production of an authorised list of such graduates, duly certified by the University."

The Council then adjourned.

(*For continuation of Report see p. 1056.*)

"PLACENTA PRÆVIA."

To the Editors of THE LANCET.

SIRS,—Last year I recorded in your pages a case of entire placenta prævia which eventuated most happily to mother and child through the careful temporising measures adopted. That case was the last of four occurring in my obstetric practice during the last thirty years. I was, however, much struck by the perusal of your late article on this subject, and the aphorism you summed up the *pros* and *cons* with, and resolved, the next opportunity, to personally test its value. Strange to say, that chance was afforded me on the evening of May 5th. Mrs. W——, of this parish, was found on the floor in a state of collapse from very profuse hæmorrhage. This hæmorrhage had occurred at short intervals, but sparingly for three weeks. This, however, had not alarmed her or her friends much until this utter collapse occurred. I learned that she was about eight months pregnant. After giving some brandy and beef-tea and medical restoratives, I sent for my son (in practice about eight miles off at Sherringham), and whilst I gave the patient the A.C.E. mixture, he introduced his hand within the os uteri, detaching all the placenta adjacent thereto, pushing the rest to one side, and thus, after rupturing the membranes, placing the head *in situ*. Labour was rapid, and was expedited with short forceps. The child was dead, but the mother has done well.

I am, Sirs, yours faithfully,

Cley-next-Sea, Norfolk. W. SUMPTER, M.D.

THE LANCET.

LONDON: SATURDAY, MAY 21, 1887.

IN the second edition of our issue of last week, we were able to announce that the General Medical Council had determined by a large majority to consent to the application of the Society of Apothecaries for the appointment of assistant examiners to enable the Society to hold "qualifying examinations" in medicine, surgery, and midwifery. This decision will meet with the warm approval of the profession. Such opposition to it as was based upon the unwillingness to create multiple examining bodies had our cordial sympathy, for we have throughout recognised the disadvantages attending upon the existence of more than one licensing authority in London. There were, however, other considerations involved, and the Council have doubtless properly appreciated the obligations imposed upon them by the Legislature in complying with the request of the Apothecaries' Society, who, through no fault of their own, had been unable to combine with the other corporations. The Council, having arrived at this conclusion, encountered great difficulty in determining the steps which should be taken to give effect to the resolution they had already adopted. The whole question of the Council's position with reference to licensing examinations was raised, and it was held by some members that the responsibility which the Council was about to incur necessitated the appointment of assistant examiners in every branch of professional education. Motions were followed by amendments, which in their turn became substantive motions, again to be rejected by subsequent amendments which were proposed. The questions at issue were undoubtedly of extreme importance, and it is well that each aspect which they presented should be duly considered, but the conduct of the discussion, and the time which it occupied, gave but too clear evidence of the widest differences of opinion amongst the members of the Council. The question is certainly complex, and the Act is so drawn as to enable an interpretation to be put upon it which leaves room for doubt as to whether the Council have been well advised in the course they have adopted. The Medical Act of last year deals with two separate and distinct subjects. In the first instance a qualifying examination is defined as an examination in medicine, surgery, and midwifery for the purpose of granting a diploma, and this examination may be conducted by any corporation already possessing this right, or by a combination of two corporations, one of which is capable of granting a diploma in surgery, and the other of granting a diploma in medicine. Further, the Act puts upon the Medical Council the duty of maintaining the standard of proficiency required from candidates, and for this purpose empowers them to appoint inspectors of examination, who will make reports to be used subsequently for compelling the examining bodies to improve their method or for depriving them of their rights. When, however, any corporation is unable to enter into a combination for the purpose of holding a qualifying examination, notwithstanding that it has used its best endeavours, an entirely different course is adopted. The General Medical Council are then authorised to appoint examiners to assist at the examinations which are held by such corporation, and it becomes the duty of the assistant examiners to secure at these examinations the maintenance of such standard of proficiency in medicine, surgery, and midwifery, instead of the inspectors, whose services appear by the wording of the Act to be limited to watching the qualifying examinations conducted by the bodies mentioned in Section 3. It is therefore not an unreasonable contention of Mr. MCVAIL that the Council under these circumstances should take part in examination in the three subjects. The Council have, however, determined to limit their action to supplementing the wants of the Society of Apothecaries by the appointment of examiners in surgery only, and, whatever may be the intention of the Act, it is undoubtedly wise to interfere as little as possible at this moment in the Society's examinations. It may, indeed, be anticipated that the Society will wholly rearrange its examinations, and will strengthen its staff by the addition of men competent to deal with the various subjects. Should it fail to maintain a sufficient standard, the course of the Council is obvious; but interference in anticipation of failure would lessen the prospect that the Council and Society may usefully be employed together to the advantage of the profession.

Of other work which has engaged the attention of the Council may be mentioned the report of the committee on Dr. GLOVER'S proposals for amendment of medical education and the application of the Apothecaries' Hall of Ireland for the appointment of assistant examiners by the Council. To the former we shall hope to refer later; of the latter it may be said that there was no material difference between the position of the Irish and English Societies. The Council have, indeed, taken this view, and have agreed to comply with the application of the Apothecaries' Hall.

With reference to our remarks last week regarding the higher qualifications of the Universities and the Colleges, it is interesting to note that the Council resolved to "instruct the Branch Registrars to register, after the appointed day prescribed by the Medical Act (1886), graduates of universities who have passed a qualifying examination in medicine, surgery, and midwifery, either on the production of a diploma or diplomas in respect of medicine and surgery, or on the production of an authorised list of such graduates, duly certified by the University."

LAST week we published an account of two cases of Thomsen's disease, with remarks on the nature of the affection by Dr. BUZZARD. An interesting paper by Dr. JACOBY on the same malady is contained in the March number of the *Journal of Nervous and Mental Disease*. The disease is undoubtedly rare, and far more common in some countries—Germany and Scandinavia—than in others, though it is possible that slight cases may be of not unfrequent occurrence, and, not being very obtrusive, may have escaped the attention of the medical profession. So far as is known, Dr. BUZZARD'S are the first cases of the kind that have been seen in England. ERB has given a very thorough account of the disease in a monograph

published at Leipzig last year, and entitled "Die Thomsensche Krankheit" (Myotonia congenita). Good summaries of all the literature have been given in *Brain* in 1883 by Dr. PAUL CHAPMAN, and in 1886 by Dr. HALE WHITE. But for all this literary abundance, our actual knowledge of the true nature of the disease remains obscure, and though most authorities are inclined to regard the conditions as dependent entirely on muscular change, yet this view cannot be said to be altogether satisfactory. Tonic spasm catching the voluntary muscles as they are about to be put into action is the most characteristic symptom. The spasm may prevent altogether, or interfere but slightly with, the voluntary action; there appear to be all shades of difficulty of voluntary movement. But one point comes out very clearly, and that is that the spasm subsides after a variable period measured sometimes by seconds and sometimes by minutes, and then no further hindrance exists to voluntary movement until after a period of actual repose. The patient will have a difficulty in starting the pedals of a bicycle, but once he has thoroughly begun he may continue for hours without experiencing any impediment to the "paddling" action. Let him but stop for one brief rest, and the spasm will recommence with his fresh attempt at action.

According to most authorities the disease is necessarily congenital and hereditary, though it may not be manifested till very early youth, and generally is not very pronounced till adult life. In JACOBY'S case and in others the evidence of heredity was wanting. The muscles themselves are apparently splendidly developed, but there does not appear to be any actual increase of strength, so that though pseudo-hypertrophic paralysis may be suggested by the size of the muscles, yet the possession of fair strength and the retention in the vast majority of cases of the knee jerks are features sufficiently striking in contrast. Changes have been detected in the muscles in Thomsen's disease, and chiefly in the direction of great enlargement of the muscular fibres themselves, together with increase in the number of nuclei beneath the sarcolemma; and some assert that the connective tissue (perimysium of the muscles) is also augmented in amount. JACOBY says, "there can be no doubt that this disease is a congenital malformation of the muscular fibres," but it is surely open to belief that the muscular changes are secondary effects of the frequent tonic spasms. The influence of emotion in increasing the tonic spasm, and the prolongation of the same produced by energetic action of the will together with the inability quickly to relax the muscles by voluntary effort, whilst they could be equally explained on the muscular theory, might also point to a participation of central influences in the causation of the malady. The behaviour of the muscles to mechanical and electrical stimulation also differs from that which obtains in health. These changes were well marked in Dr. BUZZARD'S cases. The prolongation of contractions artificially induced, as by percussing the muscle, is the most noteworthy change. Indeed, it would seem that any stimulus to the muscle tends to set up an almost tetanic spasm, and, so far as these facts go, there would thus be much reason in ascribing the essential characteristic of the disease to the muscular apparatus alone. Although the disease is thus fairly characterised by its chief symptoms, yet many cases have been recorded which do not fully exhibit all the symptoms necessary to establish the diagnosis. ERB therefore classes the recorded cases in three groups: the first containing only purely typical cases, the second those which have a great similarity, and the third those which only show the myotonic disorder, but are complicated with other symptoms of nervous disease, it being essential to the diagnosis of Thomsen's disease that all other functions of the body and nervous system should be perfectly normal.

RINGWORM of the scalp is a disease of no great importance; it does not threaten life or even health, and there are plenty of remedies—so think many who have not had experience of it. The medical man who has had to treat it, however, regards it in quite another light; he knows well that in undertaking a case of ringworm of the scalp he will go through some anxiety in using active remedies and controlling their effects; that despite his best efforts with new remedies and methods, the disease will probably spread; that he will have difficulty in getting instructions efficiently carried out; and, finally, that the parents, becoming impatient at the long-delayed cure, will most likely seek further advice. He has, however, the consolation of finding that the results obtained are not much more brilliant than his own, and that the time expended in the "cure" leaves it doubtful whether this is due to remedies or the natural course of the disease. Parents who have had ringworm in their families look back on the time with a shudder; they think of the hair-cropping and shaving, the never-ending head-washing, the poulticing, the malodorous applications, the irritation and disfigurement of the child, the interrupted studies, and the long tedious isolation (often extending over a year or more) from playmates. Ringworm is equally trying to the poorer classes. They have to send their children to Board schools, where they contract the disease; during the earlier hair-falling stages, when it is easily recognisable, the patients are brought to hospitals, often in families, the poorest having to spend time and money in accompanying them; then, after attending some months, the hair crops up again, the disease drifts into the well-known chronic stage, in which only a few hair stumps and scales remain to betray the presence of the fungus; the children are thought to be well, and under renewed pressure by the Board-school authorities they return to school and spread the disease to others. This is going on every day at hospitals where such cases are treated. Of the thousands attending in the course of a year, probably not 3 per cent. are seen to their complete recovery. The time and trouble expended by doctors and patients, to say nothing of remedies, are little better than thrown away. Here, then, we have an exceedingly annoying disease, practically incurable in chronic stages, not difficult to diagnose, not depending on some obscure diathetic cause difficult to remove, but simply on the contagion of an easily recognisable parasitic fungus. With this knowledge we have allowed the disease to spread until it has gained such a hold on the population that it is to be met with amongst all classes and at every turn. Surely the time has come to make some organised stand. It may be suggested, with deference, that it is of the first importance that the appearances in the more chronic forms of ringworm of the scalp should be readily reco-

gnised. That this is not always the case at present is proved by the fact that children still suffering with the disease are frequently being certified as well or cured. It is these unsuspected chronic forms which are met with in families, at lodging-houses, at children's parties, and, above all, in schools. Medical men would do well to advise parents to send their children to schools where proper medical supervision is in force. For a reasonable fee any medical practitioner in the neighbourhood could act as referee; all fresh scholars should pass through his hands, and, most important, all scholars should be examined by him on their return from holidays. No scholar who had had ringworm should be permitted to return without a certificate. But all such effort will be of little use unless the School-board authorities will consent to give their help. No doubt there are difficulties in the way, but while no efficient means are taken may we not ask if it is fair to the poorer classes that they should be compelled to expose their children to contagion, or if it is fair to the community that Board schools should be permitted to become centres of infection?

AT the presentation-day on the 11th inst., Lord GRANVILLE, in making his annual speech as Chancellor of the University of London, touched full lightly on the educational questions which have been so thoroughly discussed in professional and academical circles, in the past year. The Chancellor is apparently unaware that there is in existence an Association for the promotion of a Teaching University in London; that University and King's Colleges are profoundly dissatisfied with being annexed to a University which requires no professional curriculum in Arts and Science, and so reduces these bodies to an equality with any so-styled college of a year's existence; that the Royal Colleges of Physicians and Surgeons are seeking a joint Charter to confer degrees in Medicine and Surgery, and are basing their petition on the fact that the present University only recognises the metropolitan medical schools as authorities to sign certificates, as in the case of provincial and colonial degrees, and gives them no power in the University of London. The opinions as to the proper functions of a real University expressed by Sir LYON PLAYFAIR fifteen years ago are now held much more absolutely than they were then, as the letters of Professor LANKESTER and Sir GEORGE YOUNG in *The Times* of the 18th inst. clearly show. It is now almost taken as an axiom that a university and an examining board have essentially different functions to perform, and, unless the latter is made subordinate to the former, that they require different organisations for their work. We regret to find that the Chancellor has not appreciated these differences in their full force. London requires a local university, such as exists in most provincial and colonial centres, and the fact that in London an Imperial examining board has been placed makes this necessity none the less urgent. The duties of the two bodies are as dissimilar as can possibly be imagined. A university has an assemblage of teachers for its rule and guidance; a purely examining board knows nothing of teachers, and only guarantees results. Both are valuable, but they cannot work side by side. The University of London has chosen the examination *rôle*, and it is impossible for it now to change its function. The modifications foreshadowed by the Chancellor will damage its present position, and not satisfy the desires of those who are anxious for a university on the old model. It is, indeed, very doubtful if Convocation will pass the new scheme, and anyone who is conversant with the attendance and debates in Convocation will readily see that a large university scheme for the metropolis should not be dependent on the casual attendance and votes of such a body. Important interests are at stake, and Convocation is not the body from which a fiat should issue. In the whole controversy two very different questions are intermixed—viz. (1) the best general teaching in Arts and Science in the metropolis, and how this is to be attained; (2) why medical students in London should not obtain degrees on the same conditions as elsewhere, even if the University of London persists in barring the way. A strong Royal commission would bring the numerous factors into a clear light, and in the present position of domestic legislation would probably be a necessary preliminary to settling the claims of the numerous bodies who are anxious to present, or to oppose, the petitions for Charters which are being prepared for the Privy Council.

Annotations.

"Ne quid nimis."

THE MEDICAL ACT, 1886: EXTRA PASS EXAMINATION.

IT has been decided to hold an Extra Pass or Final Examination on Friday, the 17th of June next, for the licence of the Royal College of Physicians of London and for the membership of the Royal College of Surgeons of England under the old regulations, in order that candidates who have completed the required curriculum of professional study may have an opportunity of obtaining the licence of the Royal College of Physicians or the diploma of Member of the Royal College of Surgeons in time to register under the conditions now in force, before the new Medical Act comes into operation (June 30th). Those candidates who were referred for three months in April last and those referred in January for not more than six months will, we are informed, be specially allowed to present themselves for re-examination on June 17th. Candidates should bear in mind that they must give fourteen clear days' notice in writing, stating the subject in which they desire to be examined, and whether for the licence of the College of Physicians or the membership of the College of Surgeons, to the secretary, Examination Hall, Victoria Embankment, London, W.C.

ALTERATIONS IN THE EXAMINATIONS OF THE UNIVERSITY OF LONDON.

THE calendar for the year 1887-88, which has been recently published, contains the numerous alterations in the examinations to which we referred when they were sanctioned by the Senate. Revised regulations and a revised syllabus for the Matriculation Examination will come into force in June, 1888. As a result of these changes, the length of the examination will be slightly reduced, *one* language only in addition to Latin and English will be demanded instead of *two* as at present, a separate paper in Mechanics will be set, and an option given between Chemistry, Heat and Light, and Magnetism and Electricity. But even more important alterations are to be introduced into the medical examina-

tions. At the examination for the M.B. degree, a practical examination of surgical patients at a hospital or at the University will for the future always form a part of the examination—in deference, we suppose, to the severe comments of the visitors from the General Medical Council. But in the changes introduced into the Intermediate M.B. Examination, the Senate has taken no advice, either from these critical visitors, from the examiners, or from the metropolitan teachers, and the result is a series of innovations which are universally condemned. In future, every candidate at the July examinations will have to choose between a Pass and an Honours paper in each subject; at the January examinations he will only be examined for a pass. If in July a candidate takes the honours paper, and cannot satisfactorily answer it, he will endanger his passing; and if he takes the pass paper, he shuts himself out from all chance of distinction. The only reasons for this proceeding which have reached us are that many candidates who have no chance for honours now send in papers, and so waste the time and patience of the examiners, and that the system works well at the Preliminary Scientific M.B. Examination. But we question if the examiners have recommended this change, or even been consulted about it. It was, we believe, in the pass examination that the examiners complained of the severity of the work, and this has been materially lessened by the appointment of assistant examiners, who obviously cannot be employed in determining honours. Again, at the Preliminary Scientific M.B. Examination honours are of but little value to medical students, whilst at the Intermediate M.B. the subjects are strictly professional, and the obtaining of honours in any given subject may materially affect the whole of the after career of a student. In every way these changes are most unfortunate, and show how far the authorities of the University can lose sight of the candidate in drawing up new regulations, and how necessary a Board of Studies is, so that a body in touch and sympathy with students may at least be consulted. As if in further emphasis of these remarks, the Senate has published a time-table for the coming examinations, which we should have thought impossible if it were not before us. The examination is to begin on July 11th—that is to say, before the medical session has even begun to draw to a close, and whilst lectures and practical classes in the subjects of examination are at their most important stages; and will finish on Aug. 4th, a period of nearly four weeks, during which time the student's physical energy will be taxed to the utmost and his mind be on the rack. A fortnight of this will be spent, not in the examination-room, but as an interregnum devoted to meditation on mistakes made in the papers, and in "cramming" for the *viva voce*. A more deplorable arrangement for the schools and the teachers, or one more trying to the candidates, could not have been devised. In January the same break of sixteen days has been introduced into the continuity of the examination, with a similar absence of reason.

EPIDEMIC MEASLES IN LEEDS.

MEASLES has recently shown exceptional general epidemic prevalence, and it appears from the recently issued Quarterly Return that the death-rate from this disease in England and Wales during the three months ending March last was higher than in the first quarter of any year since 1874. Leeds is one of the towns that has suffered most severely. The disease first became prevalent in this town about the middle of September last, and caused 230 deaths before Christmas; 137 more fatal cases were recorded in the first quarter of this year, and 15 more were returned in the first five weeks of the current quarter. Thus 382 deaths from measles have occurred in Leeds since the commencement of the epidemic in September last. The fatality of the present outbreak is the more remarkable, since the disease was severely epidemic in the borough so recently as the early part of 1884. The present epidemic of measles in Leeds has been more fatal than any since 1870, when the Registrar-General first began to issue mortality statistics for the large provincial towns. The recent exceptional fatality of the disease may be in great measure due to the unseasonably cold weather that prevailed during February and March, but relatively high rates of mortality from any of the principal zymotic diseases should always suggest special inquiry as to the sanitary condition of the suffering population. As regards the general death-rate in Leeds, it may be noted that in 1886 the death-rate, after correction for sex and age differences of population, was 23·4 per 1000; and that the town occupied the seventeenth place among the twenty-eight large English towns ranged in the order of their corrected rates of mortality from the lowest. The rate of infant mortality in Leeds that year, measured by the proportion of deaths under one year to registered births, was 181 per 1000. Tried by this test, Leeds took the twentieth place among the twenty-eight towns last year. The death-rate from the principal zymotic diseases in Leeds last year was 3·43 per 1000, against 2·88, the mean rate in the twenty-eight great towns, and, measured by this standard, Leeds took last year the twenty-first place among these towns, ranged in the order of their zymotic death-rate from the lowest. The mortality in Leeds from measles, scarlet fever, "fever" (principally enteric), and diarrhœa considerably exceeded the mean rate in the twenty-eight towns. Especially noteworthy is the fact that scarlet fever has in the last six years been nearly as fatal in Leeds as it was in the preceding ten years, whereas in other large towns, and in England and Wales generally, the decline has been most remarkable. These are among the considerations which point conclusively to unsatisfactory sanitary condition in Leeds requiring investigation and action on the part of the ratepayers and their sanitary authority. It may readily be proved that the health of Leeds, judged by its mortality statistics, has materially improved in the last twenty years; but it is fully as evident that, in comparison with other large towns, Leeds has in recent years been losing ground in the fortunately now general struggle for sanitary progress.

ADULTERATION OF DRUGS.

WE observe with satisfaction that Lord Coleridge and Mr. Justice A. L. Smith have decided, on appeal, that it is an offence against the Food and Drugs Acts to sell tincture of opium which differs materially in strength from that described in the British Pharmacopœia. It had been proved before the magistrate that the strength of the tincture sold was one-third less than that of the British Pharmacopœia, but the magistrate declined to convict. Many strange decisions have been given by magistrates in regard to the adulteration of drugs, and it appears evident that for this, as for many other reasons, the law requires amendment. It is unnecessary to insist on the extreme danger to public health which arises from weak or impure drugs. The effects of the most skilful treatment are often lost through the inertness of the drugs; and although we fully recognise the care and skill with which the great majority of pharmaceutical chemists do their work, it is necessary to guard the public against the dishonest minority. Moreover, the dispensing chemist, however careful and skilful he may be, is to a great extent at the mercy of the manufacturer, so that the public runs a double risk. Even the medical practitioner who dispenses his own medicines is exposed to the latter danger. He is often puzzled by the action or non-action of the medicine he is prescribing, when the fault lies entirely in the drugs. We hope to return to this subject before long.

A "PALACE OF DELIGHT."

THE realisation of Mr. Walter Besant's beneficent idea of a "Palace of Delight" in the East-end of London, set apart for the amusement and improvement of the toiling multitudes of that densely crowded district, is in itself a sufficiently notable event to claim a place in the chronicles of the capital; but when to this are added the felicitous facts that the opening of the Palace has been so timed as to constitute the commencement of the celebration of the Jubilee of Queen Victoria's happy and prosperous reign, and that Her Majesty herself performed the inaugural ceremony there, the event supplies material not only for the theme of the Court newsman, but for the hearty congratulation of every loyal subject of the crown which has been worn gracefully by a Sovereign who has laboured graciously for the good and contentment of her people for fifty years. The function on Saturday was all that could be desired, and, even by those cynics who do not believe in the spontaneity of reverence, and even affection, for a Monarch, it must be ungrudgingly conceded that the proofs of joyous emotion pervading the "masses" were not only abundant, but incontrovertible.

There is always great difficulty in forming an accurate forecast of the practical value and ultimate measure of success of any effort for the public good which is made for the people instead of by them. Whether this "Palace of Delight"—thing of beauty as it undoubtedly is, in many senses—will prove a joy for ever remains to be seen. We know how many well-conceived schemes have failed, at least in the full fruition of their expected results. It is needless, and might be invidious, to particularise; but the fact is beyond question, and the lesson it teaches ought to be submissively learned. The moral seems to be that there should not be overmuch *management* in the endeavour to meet the needs of the masses. Better far let taste develop itself, and then cultivate its growth. Attempts to "force" desired qualities in human nature generally fail, and not unfrequently more harm than good is done by the endeavour. Speaking generally, the scheme of the promoters of the "Palace of Delight" is an admirable one. It is satisfactory to find that the scheme of this new venture—which it would be most regrettable to ruin by any wrongheadedness—is sufficiently broad to include gymnasia and swimming baths. It might with advantage go further. Mr. Walter Besant's idea not only comprised, but made a feature of, dancing. Good might result from a reperusal of this gentleman's admirable and entertaining book. We commend the suggestion to the "o'er gude," who may, with the best intentions, frustrate the beneficent working out of this scheme, as they have marred many others. So far everybody is to be congratulated, and the event of Saturday last is one around which none but loyal and grateful recollections can cling.

THE BOILING POINT OF OZONE.

OZONE, according to the recent careful observations of Dr. Olszewski, boils at a temperature of − 106° C. This curious substance—the nature of which was so long a mystery, and about which so many conflicting hypotheses have been devised—is now becoming well known to us. For the sake of those of our readers who have not been able to follow the details of recent research, we may in a few words summarise the present state of our knowledge. Ozone is a denser form of oxygen. Its specific gravity is 24, that of common oxygen being 16, and that of hydrogen 1. It is highly probable that its molecules contain three similar oxygen atoms. In the concentrated state it is a powerful irritant poison, and it is very unstable, decomposing with explosion and with evolution of heat, and exerting a most powerful action on oxidisable materials. For some time past it has been known that it liquefies under the influence of combined cold and pressure. The liquid is indigo blue, and its vapour in a tolerably concentrated state has a colour which can only be compared to that of an Italian sky. Olszewski has now succeeded in liquefying it at the ordinary atmospheric pressure by exposing it to the intense cold of boiling oxygen (− 181° C.). When cautiously heated the liquid began to evaporate, and when heated to − 106° C. it entered into active ebullition. It is a very dangerous substance to work with.

SANITARY AUTHORITIES AND THEIR DUTIES.

A PAINFUL occurrence has taken place at Ince, near Wigan, in Lancashire. The authorities of Ince have had constructed lately an infectious disease hospital, and from the evidence given at the inquest on a child which was overlain by its fevered mother it appears that the nurse is sixty years of age, and she with her husband, who is fifty-five years of age, have charge of the institution. Mr. Brighouse, the county coroner, held an inquest on the child, and he, considering that the body was lying at a fever hospital and that many of the jurors were married men with families, dispensed with the practice of viewing the body. It came out in evidence that a case of typhoid fever was admitted into the hospital on a Saturday night, late, and that early on Sunday morning the patient gave birth to a child, which was the subject of inquiry. Dr. Hall, jun., who was acting for the medical officer of health during temporary absence from illness, and also the assistant of Dr. Hall, ordered the child to be removed from the woman. The father was appealed to, but he could not take it. The nuisance inspector and the clerk to the board, and also the relieving officer, were appealed to, but in vain, and, as might have been expected from so young a babe being left with a fevered mother, the child was found next morning overlain. The coroner, in summing up, stated that "the evidence, however, had disclosed a very unfortunate state of affairs. The woman in charge of the hospital was practically by herself, and this meant that for seventy-six hours she was kept awake nursing and attending to the wants of these people without any help. All the while communications were being made to the nuisance inspector and the clerk to the local board the woman was left by herself, and no provision seemed to have been made for clothing the child, who had been wrapped up in towels for want of something better. The whole case seemed to have been surrounded with neglect, and two questions to be considered by the jury were, first, as to whether the death was accidental, and then as to whether the management of the hospital was in any way to blame." The jury found a verdict of accidental death, and desired to say the hospital management was bad, and that "the authorities should reconsider the question of the management of the hospital so as to preserve life in the future." This is certainly an unfortunate case. Here we have a sanitary authority providing a hospital for infectious diseases, no doubt at the strong request of the Local Government Board, yet it is inefficiently equipped. Sanitary authorities will spend two or three thousand pounds in building a hospital, but, from a penny wise and pound foolish policy, will begrudge a couple of hundreds for furnishing it, and will grumble at the expense of a few pounds yearly for its proper maintenance. This case will probably teach the adjoining authorities that it is their duty not only to provide a hospital, but to see that it is properly administered, or how can poor people be expected to enter it? Nothing brings sanitary authorities to a sense of their duty so much as a misfortune like this, or a severe epidemic which slaughters hundreds. We would advise all medical officers of health either to have their infectious hospitals efficiently equipped or to have nothing to do with their management. We know the difficulties of providing and maintaining hospitals in

small local board centres and small towns, but surely a combination of adjoining places would always keep a hospital in use and enable one to be provided worthy of the name and maintained with proper efficiency.

AN UNUSUAL METHOD OF PROPAGATING INFECTION.

DR. A. TEPLIASHIN describes in the *Vrach* (No. 17) a curious epidemic of syphilis affecting the eyes of eight persons who came under his care in the hospital of the Glazovski district of the Viatski province. The conjunctiva was more or less inflamed and the edges of the lids thickened and hardened, with in some cases mucous patches in the neighbourhood of the eyes and mouth. In all cases mucous patches were found on the genitals or round the anus, but the patients entirely denied impure intercourse. As all of them came from two villages, it was evident that some cause must be in existence in their locality to account for this curious epidemic. At last it was discovered that a certain "wise woman" there had, in the exercise of her profession, which is one much esteemed among Russian peasants, treated all these patients for real or imaginary affections of the eyes by licking them with her tongue; this woman had syphilis, which it was interesting to learn had been communicated to her in the same way by another woman. The habit of licking out as much of the conjunctival sac as can be reached by the tongue is very common, Dr. Tepliashin says, in his province, and he is surprised that it does not oftener lead to evil results; but though he has been there during the last eight years, and has seen about 10,000 ophthalmic cases, he has not previously met with any syphilitic affections due to the habit. From subsequent observations made on the spot, it was found that no less than ten males and twenty-four females belonging to these two villages had been infected by the "wise woman." In order to combat the evil as far as possible, a temporary dispensary has been opened in the neighbourhood.

LONDON SEWAGE.

AT the meeting of the Metropolitan Board of Works, on the 13th inst., some further information was vouchsafed to the public in regard to the system of sewage disposal to which the Board has at last committed itself. Little is told which is new, and nothing which is likely to reconcile sanitarians or the public to the scheme, or induce them to accept it as a final solution of the problem. It is now settled that the whole of the London sewage is to be treated at Barking and Crossness, in spite of the very strong adverse opinion expressed in the reports of the Metropolitan Sewage Discharge Commission. The precipitation method adopted is, we think, a good one. It consists in treatment with lime and protosulphate of iron. The precipitate subsides in an hour or two, and a fair effluent is said to be obtained. The experiment, originally tried on a small scale at the Grosvenor-road station, was continued with much larger quantities at Crossness during last year. Nearly a thousand million gallons—that is, about nine million gallons a day—were treated. This yielded 30,614 tons of wet sludge, which on further settlement was reduced to 18,191 tons. Of this 16,747 tons were exposed to pressure in filter presses, and were thereby reduced to 5310 tons of sewage cake, two-thirds of the water being removed by the presses, about the usual proportion. It is said that about 3000 tons of the cake were taken without payment by farmers and others for manurial purposes. The rest, we presume, has accumulated. To all this we have only the old objection to make. The proposed system cannot produce a proper purification of the river. Even if it turns out that this is the best of all possible purification schemes, that the effluent is "fairly clear," and that the sludge and cake will produce no local nuisance, it still remains a fact that the situation of the works is utterly unsuitable. It seems to us doubtful, to say the least of it, whether chemical and mechanical operations upon the sewage of four million persons can be conducted without serious local injury, or at least annoyance; and we are certain that the effluent water, although much less objectionable than raw sewage, is unfit to be thrown into the Thames at the existing outfalls. At present, according to the Royal Commissioners, who had ample evidence before them, the river is polluted with sewage almost up to Teddington. The pollution will now be of a less disgusting character, but still it will remain a disgraceful pollution, to which the people of London ought not to submit. We have always maintained that the proper place for the treatment of London sewage is in Sea Reach, where there are large tracts of land for sewage irrigation, low lands to be raised, no houses to be incommoded, a large volume of water, and close proximity to the sea. To this remedy we shall surely come sooner or later, and then it will be found that the vast expenditure for works and steamers now lightly incurred by the Metropolitan Board of Works will have been absolutely thrown away. To those who wish for further information on the subject we commend the remarks of the Royal Commissioners.

FASTING AND POISONS.

THE advance of rational therapeutics will be characterised by increased precision in instructions as to the mode of taking medicaments, their relation to food, their state of dilution, difference of action according to temperament, and so forth. Fasting is already known to exercise an important influence on the effect of certain substances, and M. Roger has further investigated the influence of the state of hunger upon the power of animals to resist the poisonous action of alkaloids. It was found that such alkaloids as quinine, atropine, or nicotine, were only four-fifths as toxic if introduced during fasting into the peripheral venous system of a rabbit, as compared with their action when introduced whilst digestion is in progress. But if introduced into the portal venous system during digestion the toxicity is only half that during fasting. It is assumed, then, that fasting diminishes the power of the liver to arrest the alkaloid, and this coincides with a diminished power of glycogen formation. Sugar given to the animal three hours before experimentation causes the liver to recover its functions.

PIT WOMEN AND THEIR WORK.

IT is to us very satisfactory to learn that any necessary improvement in the condition of women employed in collieries is likely to be effected without entailing upon them the loss of their employment. The evidence afforded by the deputation of pit women which waited on the Home Secretary a few days ago is worth noting in this connexion. As far as its members were concerned, any detriment to health attributed to colliery labour appears to be imaginary, though we would not be misled by accepting these few selected examples as average types of their class. In the matter of domesticity, also, it is said that they and those whom they represent will stand favourable comparison with their sisters employed in factory work; while their working dress, if not conventional, is not indecent, and it is as womanly as the circumstances of their occupation allow. The hours of labour are not long, and a reasonable interval is allowed at meal times. In this respect, indeed, as well as the possession of a purer atmosphere and a somewhat higher scale of wages, they seem to be more fortunately situated than the majority of factory women. In one particular the women themselves admit that the work is unsuitable to them—

namely, their having to move railway waggons, a dangerous proceeding, which will probably hereafter be left in the hands of the men. With this exception they are well satisfied with their lot; and if no stronger evidence than has already been produced be forthcoming to prove their incapacity, the question of who shall work at the pit and who shall not can hardly, we think, be dealt with otherwise than by the process of natural selection.

EDINBURGH UNIVERSITY CLUB, LONDON.

SIR ALEXANDER CHRISTISON, Bart, M.D., presided over the last quarterly dinner of this Club, held at the Holborn Restaurant on Thursday, May 13th. Forty-one members and thirty-nine guests were present. The toast of "The Colonies," gracefully proposed by the Marquis of Lothian, K.T., Secretary for Scotland, was received with the utmost enthusiasm, and most eloquently responded to by Sir Saul Samuel (Agent-General for New South Wales), Sir Graham Berry (Agent-General for Victoria), and Sir Patrick Jennings (late Premier of New South Wales). Sir Dyce Duckworth proposed the health of the chairman. A specially interesting feature of the meeting was the presentation by Sir Edward Sieveking, M.D., on behalf of the Club, of a handsome silver candelabrum to Dr. J. B. Potter, on his resignation of the office of honorary treasurer, which he has held for a period of ten years, and in which his labours have been indefatigable and eminently successful, the Club being now in so satisfactory a financial condition as to be able to give a triennial prize of twenty guineas to the University of Edinburgh. Dr. Potter is succeeded in his important post by Dr. J. J. Pringle. Excellent vocal music was discoursed at intervals by Dr. Lavies and a party of friends. The Club now numbers nearly 400 members, and it is felt that this number might easily be increased. The honorary secretaries are Henry Rutherford, Esq., barrister-at-law, 2, Harcourt-buildings, Temple, E.C., and Surgeon-General W. Gerard Don, M.D., Junior Army and Navy Club, St. James's-street, S.W., either of whom would doubtless be glad to hear of Edinburgh graduates anxious to join the Club.

SMALL-POX IN AUSTRALIAN PORTS.

THE Board of Health of New South Wales have issued a report prepared by their President (Dr. H. N. MacLaurin) on the occurrence of small-pox, and the consequent quarantine measures which took place in connexion with the arrival at Sydney of the North German Lloyd's steamship *Preussen* on December 26th last. The steamer having embarked 544 steerage passengers as emigrants at Antwerp, called at Port Said on November 18th, and, although small-pox was prevalent amongst the Arabs there, the passengers were freely allowed to go ashore. The *Preussen* left Port Said on the 22nd, and on December 5th a passenger named Pryce sickened of small-pox. Early on December 15th the vessel arrived at Albany, but the health officer of that place refused to land the patient. So far as can be judged, no other person on board had up to this date contracted the disease, but, having regard to the history attaching to the vessel, all the passengers were landed and moved to the quarantine ground on her arrival at Sydney on the 26th. Small-pox showed itself amongst them on the following day, and there is every reason to believe that it was all contracted after passing Albany. The arrangements on shore appear to do credit to a quarantine station, for the patients can be at once thoroughly separated from those who do not sicken, and measures are taken to make the compulsory stay of twenty-one days as little irksome as possible. During this stay seventy-nine attacks occurred, and thirteen deaths resulted. The report deals specially with the circumstance that nearly all this disease would have been avoided if the first patient had been landed at Albany, and the President presses strongly for united action on the part of the several Australian colonies in the matter of quarantine detentions. That which renders quarantine measures necessary for small-pox in Australia is evidently the habitual neglect of vaccination, and some hope is expressed to the effect that the colony, learning how narrow has been its escape, will not neglect this precaution any longer. The lesson is a serious one, for out of nineteen of the passengers who had never been vaccinated, fifteen had small-pox, nine died, and one lost her eyesight; whereas, out of fifty-four said to have been vaccinated and some revaccinated, only four were attacked and none died. Of those who had previously had small-pox, three were attacked, but without death. We learn that the vaccination stations in Sydney and in the country districts are all but deserted, and the youthful population is described as "practically unvaccinated." We very much fear that the lesson which this incident should teach will largely be thrown away on the population. Experience in Europe has shown, whatever the disease to be dealt with may be, that true preventive measures are far more neglected in countries resorting to quarantine than in those who do not enforce it, and the extent of neglect may often be largely measured by the tenacity with which the quarantining of sick and healthy alike is maintained. The position of the Australian health authorities is admittedly a difficult one. They are powerless to enforce the true remedy against the spread of small-pox, and are hence thrown back upon the enforcement of a detention which affects large bodies of people not suffering from the disease, and which may at any moment, owing to error of diagnosis or otherwise, break down as a preventive measure.

TOXIC EFFECTS OF LEAD.

MR. WYNTER BLYTH has had an opportunity of examining portions of the bodies of two out of five persons who have at different times died more or less suddenly from, as it is believed, the effects of lead poisoning. In one case he separated about a third of a grain of sulphate of lead from the liver and about a thirteenth of a grain from one kidney, besides finding lead qualitatively in the brain. In the other he was able to examine the brain with more minuteness, and estimated that here the cerebrum contained about a grain and a half and the cerebellum about a quarter of a grain of sulphate of lead. Mr. Blyth went on to remark, in the paper he read to the Chemical Society of London on these investigations: "There has hitherto been no reasonable hypothesis to explain the profound nervous effects of the assimilation of minute quantities of lead, but if it is allowed that lead forms definite compounds with essential portions of the nervous system, it may then be assumed that in effect it withdraws such portions from the body; in other words, the symptoms are produced not by poisoning in the ordinary sense of the term, but rather by destruction—a destruction it may be, of important nerve centres."

THE TEMPERATURE OF THE SKIN.

THE experiments of Davy long ago demonstrated irrefutably that the temperature of the interior of the body varied little in man with race, climate, or season; yet it is familiar to all that the temperature of the skin varies considerably in different parts—the extremities, for example, and those parts of the skin in which the circulation is feeble being cooler than other parts. Quite recently some interesting experiments to determine these variations of the surface have been made by Professor Kunkel at Wurzburg. Taking the skin of the face in the first instance, he finds that in men from twenty to thirty years of age it varies from 85° to 89° F., with an approximate average of 88°. The skin of the more exposed parts of the body, as the tip of the nose and the lobules of the ear, in which the circulation is slow and

feeble, exhibited a lower temperature, not exceeding in many instances 75°, or even descending as low as 71·5°. The skin covering the muscular portion of the body is warmer than that over the bones and tendons. Contraction of the muscles caused the temperature of the superjacent portion of skin to rise one degree or more. The decrease of temperature from the skin to the outer covering in a room at a temperature of 63° was as follows: on the skin 88°, on the linen shirt 82°, on the vest 75°, and on the coat 72°. The highest temperature was found to occur in men in the full vigour of life. As a singular fact, Dr. Kunkel states that children otherwise in perfect health showed a much lower degree of surface temperature—from 77° to 84°—than adults. He does not appear to have followed out Professor Lombard's observations on the temperature of the head.

THE QUEEN'S JUBILEE.

ON the 16th inst. the Queen held a Court at Windsor Castle, at which, amongst others, addresses were presented by deputations from the University of Edinburgh and the University of London. The deputation from the former body consisted of Principal Sir William Muir, K.C.S.I.; Professor Campbell Fraser; Mr. T. Graham Murray; Dr. P. Heron Watson; the Right Hon. the Lord Advocate, C.B., M.P.; Sir Dyce Duckworth; Professor Sir William Turner; Professor Grainger Stewart; Professor Armstrong; and Mr. Taylor Innes. Sir William Muir, Professor Campbell Fraser, and Professor Sir William Turner had the honour of kissing hands. The University of London was represented by Earl Granville, K.G., Chancellor; Sir James Paget; Dr. Wood; Sir John Lubbock, M.P.; Sir William Gull; Dr. Quain; Dr. Weymouth; Dr. Baines; Mr. Osler; and Mr. Arthur Milman, Registrar. Earl Granville, Sir James Paget, and Dr. Wood had the honour of kissing hands.

GUY'S HOSPITAL.

THE *Graphic*, in its issue for the 14th inst., publishes a descriptive account of Guy's Hospital. The article, which is profusely illustrated, commences with a brief sketch of Thomas Guy, the founder of the charity, and traces the progress of the institution down to the present time. The illustrations are, on the whole, judiciously chosen, and comprise, amongst others, portraits of Guy and Hunt, the chief entrance, the chief clinical, Mary, and Dorcas wards, the founder's tomb, the old staircase, and the women's surgery, this last named indicating a tendency towards realism in art which we trust will not be allowed to go to such lengths as to rival the "pictures of horrors" of the Paris Salon. The publication of this brief history of the charity, and its labours by our contemporary cannot fail to attract support to the hospital in its attempt to retrieve its failing fortune.

PYO-PNEUMOTHORAX SUBPHRENICUS.

THE condition simulating very closely a pneumothorax of the right side, but which is due to an abscess between the liver and diaphragm, was first thoroughly described and differentiated by Professor Leyden. A record of such a case has just been made by Dr. Pusinelli of Dresden (*Berl. Klin. Woch.*, No. 20), who points out that the condition is mostly due to perforation of a gastric or intestinal ulcer, and that the diagnosis depends upon the occurrence of abdominal symptoms at the onset, the absence or complete suppression of pulmonary symptoms, the sharp transition from normal vesicular breathing at the apex of the lung displaced upwards by the diaphragm to amphoric breathing on deep inspiration, and the absence of hepatic dulness with marked displacement of the liver downwards. If the diagnosis be correctly made, it is urged that treatment might be directed to abdominal section, the discovery of the ulcer, and its excision. Duodenal ulcers, as the case he details shows, often run their course without symptoms, and may be so little adherent that a slight injury, as a fall on the abdomen, may detach them and cause perforation.

BAD DRAINAGE AND LANDLORDS' LIABILITIES.

BOTH in England and in Scotland it is being made clear to landlords that they will be held responsible for letting houses the drainage of which is in such a state as to induce injury to health amongst the tenants. The letting of a house for human occupation should necessarily imply that the house is held to be fit for occupation, and substantial penalty should be required of a landlord who fails to fulfil his part of the contract. In the case of Gurney *v.* Stroud, tried the other day before Mr. Justice Cave and a common jury, the judge informed the jury that if a house was let furnished, then there was an implied contract by the landlord that it was fit for habitation, and the tenant having shown that soon after he came into possession his wife and children became ill, two of the latter dying, he was awarded compensation to the extent of £175. And in a somewhat similar case which came before Mr. Sheriff Lees at Glasgow, £150 was awarded to a parent as compensation for the loss of a child eight years of age, and for illness in other members of his family, owing to the defective drainage of the house which he occupied.

PERFORATING ULCERS OF THE AORTIC VALVES.

FOR a few years past much attention has been given to the cardiac complications of tabes dorsalis, and every kind of view has been stated as to the possible connexion between the heart lesion and the spinal degeneration. Before the Société Nationale de Médecine de Lyon, M. Teissier exhibited a series of photographs designed to indicate the dimensions and nature of the perforations of the aortic valves observed in ataxic patients. These perforations are accompanied by an extreme thinning of the valve, such as is not met with either in atheroma or syphilis. M. Teissier considers it to be a genuine trophic change, a veritable perforating ulcer of the valves. Moreover, these lesions are found in conjunction with visceral perforations, also attributed to the tabetic influence—e.g., perforation of the trachea and of the œsophagus. In one of his cases of valvular perforation, M. Teissier observed an intestinal perforation the size of a franc piece. The holes in the aortic valves give rise eventually to all the signs of aortic regurgitation.

LIFE INSURANCE.

A CASE recently decided in the Court of Chancery may serve as a warning to any who purpose insuring their lives, and also as a caution to medical examiners. The defendant was alleged to have made a misstatement in having denied that he ever had rheumatism or heart disease, from both of which conditions he had suffered some years previously, and he consequently forfeited his policy and the premiums already paid by him. We do not now enter into the question as to how far a history of rheumatism or its cardiac effects ought to influence the acceptance of a life. Every case must be judged upon its own merits, though undoubtedly a rheumatic taint must often constitute a grave disqualification, notwithstanding the fact that since the introduction within recent years of improved methods of treatment, the dreaded cardiac complication is a less real danger than formerly. It is possible that the full meaning of the perversion of facts may not have been apparent to the offender, but the misstatement could not be condoned on that account. This kind of offence, though perhaps not common, might be illustrated

by more than one example. We have heard of a case of such downright dishonesty as the production by an albuminuric subject of a fluid other than his own for examination. There is therefore need both for the stringency of companies and for shrewdness on the part of their medical representatives in dealing with the question of life insurance among a certain class of applicants.

DISPENSARIES AND PROFESSIONAL ETHICS.

A GREATLY lauded panacea for the evils of gratuitous medical advice, we all know, is the establishment of provident dispensaries. At this very moment an influential committee, appointed by a public meeting, is considering the best means by which they can be established and encouraged in London; and we ourselves have always been anxious to see such institutions supported by the working classes. But great care is necessary to prevent their being worked in unprofessional ways. And we are constantly receiving circulars, handbills, &c., announcing these institutions and their arrangements and charges. The names of the members of the staff are often included. The general effect of the whole is not to convey a high idea of the value of medical services, or of the methods of competition in the medical profession. We invite expressions of opinion as to the best way of avoiding these evils. We all want to promote thrift and diminish the amount of gratuitous medical relief. The problem is to do so without degrading the medical profession and the popular estimate of medical services.

TYPHUS IN FLINT.

WE regret to learn that the outbreak of typhus fever in Flint still continues, and that it has been found necessary, owing to a sudden increase in the number attacked, to convert the assembly room at Flint Castle into a hospital. The circumstances attaching to this outbreak are very unfortunate. Typhus is so rare that it was hardly recognised as such in the first instance, and hence the disease tended to spread. Dr. Tegid Evans, the medical officer of health, we greatly regret to say, in the performance of his duties, contracted the disease and died. Since then Mr. Spear, of the medical department of the Local Government Board, has visited the town, and has advised the mayor and the corporation as to the action which should be taken to stay the spread of the infection. Fourteen fresh cases are reported to have recently occurred.

DEATHS OF EMINENT FOREIGN MEDICAL AND SCIENTIFIC MEN.

THE deaths of the following foreign medical and scientific men are announced:—Dr. Bernhard Studer, formerly Professor of Physics and Geology in Berne, at the age of ninety-three.—Dr. Ludwig Rohden, director of the recently established Sea-bathing Infirmary at Norderney, at the early age of forty-eight, suddenly, at Gardone, Riviera, from the bursting of an aneurysm into the bronchus.—Dr. Hohl, Extraordinary Professor in the Science Faculty of Tubingen, at the age of eighty-one.

THE BOWER AND KEATES CASE.

THE profession will learn with satisfaction that there is some hope of its soon hearing the end of this case, which well illustrates the delay and the costliness of law. The committee charged with the duty of administering the funds raised to pay the legal expenses of Messrs. Bower and Keates met at Sir William Jenner's on Tuesday night, and reported the termination of litigation. A full statement of the principal facts will shortly be laid before the subscribers, who will be asked to empower the committee to distribute the balance which remains after paying expenses by contributing to the expenses of similar cases or to charitable purposes within the profession. Roughly it may be said that over £1700 were raised in little more than a week, and that a balance of about £500 is left after the payment of expenses.

SPECIALISM IN EXCELSIS!

WE have received a programme of the first annual meeting of the "Association of Genito-urinary Surgeons," which is being held this week at the Laurel House, Lakewood, N.J. The establishment of this Association has been attended with so much success, and commends itself so thoroughly to the more enlightened members of the profession, that many similar ones are shortly to be inaugurated! Among those more immediately to be promoted are associations of "Umbilicologists," of "Rhinologists," of "Tenotomists," of "Depilatory Surgeons," and of "Skin-grafters." The only reason we can perceive why this list should not be indefinitely extended is that surgery as an art would, by such differentiation, speedily be resolved into its constituent elements, and its professors broken up into repellent groups of solemn deliberators on the utility and beauty of the segregation of parts.

VICTORIA UNIVERSITY AND THE YORKSHIRE COLLEGE.

ON the 12th inst. the Yorkshire College made a formal application to the Court of Governors of the Victoria University to be admitted as a College of the University, and the application was referred to the Council for report in accordance with the provisions of the Charter. A further step has therefore been taken towards the fusion of the three colleges of Manchester, Liverpool, and Leeds into one great university, and we hope that no time will be lost by the Council in taking action towards the furtherance of the desired union.

THE BRUSSELS SCIENTIFIC CONGRESS.

THE Surgical Section of the International Congress of Science and Industry, which is to be held in Brussels next year, has given notice that instruments and apparatus of the following descriptions will be specially acceptable:—(1) Apparatus for the treatment of spinal curvature; (2) materials for dressings; (3) gynæcological instruments; (4) instruments for diseases of the urinary tract; (5) instruments for the treatment of glandular enlargements in the pharynx; (6) laryngological apparatus; (7) apparatus and dressings for antiseptic operations on the eye; (8) apparatus for the measurement of the acuteness of hearing.

THE PENJEH SORE.

AT the instance of the inspector of the military medical district of the Caucasus, a special commission has been appointed to proceed to the neighbourhood of Penjeh for the purpose of studying the etiology and characters of the so-called Penjeh sore. Dr. Rapchevski of St. Petersburg has been selected as director of the expedition. Some observations on this affection made by Dr. Suski, and communicated by him to the *Vrach*, were mentioned in THE LANCET of April 10th, 1886. This paper was subsequently (June 12th) referred to by Surgeon Pierson, who pointed out the identity of the Penjeh affection with the well-known Delhi boil, &c.; and, again, by Dr. J. Hickman (THE LANCET, Aug. 14th), who mentioned that he had also pointed out this identity in an Indian journal, and referred to a full geographical account to be found in Hirsch's Geographical Pathology, and also to an article by himself in the *Practitioner* of Jan. 1886.

THE APPOINTMENTS AT GUY'S HOSPITAL.

THE following are the Assistant-Physicians at this hospital:—Dr. Hale White becomes Senior Assistant-Physician; and, at a recent meeting of the governors, G. N. Pitt, M.A., M.D. Cantab., M.R.C.P. Lond., late Fellow of Clare College and present Demonstrator of Pathology at Guy's Hospital, L. C. Wooldridge, M.D., D.Sc. Lond., M.R.C.P. Lond., late George Henry Lewes and Grocers' Research Scholar, late Croonian Lecturer at the Royal Society and present Demonstrator of Physiology at Guy's Hospital, and E. C. Perry, M.A., M.B. Cantab., late Captain of the School at Eton, Fellow of King's College, Cambridge, and Senior Classic for 1880, and late Demonstrator of Anatomy at Cambridge, were elected to the three vacant Assistant-Physiciancies.

FOREIGN UNIVERSITY INTELLIGENCE.

Berlin.—The Medical Faculty are about to create a new Extraordinary Professorship of Laryngology in connexion with a Polyclinic for Throat and Nasal Affections, for which room has been taken in a private house in the Luisenstrasse. The first occupant of the chair will probably be Professor Bernhard Fränkel. A series of vacation courses intended for practitioners is being arranged. These are to begin on Sept. 26th, and will continue till the end of October.

Bordeaux. — M. Pousson, *agrégé* of the Faculty of Medicine, has been appointed Surgeon to the hospitals of Bordeaux. M. le Professeur Viand has recently read an important paper advocating considerable changes in the system of medical instruction, whereby the theoretical lectures would be given by the *agrégés* and the clinical instruction by the professors.

Cadiz.—Don Manuel Bernal has been appointed Professor of Medical Pathology.

Giessen.—Dr. Max Hofmeier, first assistant in the Royal Gynæcological Clinic in Berlin, has been appointed Professor of Midwifery and Gynæcology. Dr. Hofmeier has just married the eldest daughter of the late Professor Schroeder.

Halle.—Professor Olshausen's former pupils and assistants propose to erect his statue in the Gynæcological Clinic, which has been under his care for the last twenty-five years, as a mark of their affection for and gratitude to their old master.

Madrid.—Don Gabriel de la Puerta y Ródenas, Professor of Pharmacy, has been appointed a member of the Council of Public Instruction, in the place of the late Don Manuel Rioz y Pedraja.

Moscow.—Dr. Hugenberger, having completed his term of office as Director of the Moscow Lying-in Institution, has now retired. His successor will be Dr. Sutugin, *privat docent* in the Military Medical Academy, and one of the Medical Officers of the Duchess of Edinburgh's Hospital in St. Peterburg.

St. Petersburg.—Professor Wenzel Gruber, who has held the Chair of Anatomy for forty years, has resigned.

Würzburg.—One of the recently made Doctors of Medicine is, or was, a "post director," a captain, and a jurist, his age being fifty-six.

THE death is announced from Paris of the eminent French chemist, M. Joseph-Dieudonné Boussingault. The deceased, who was born in 1802, occupied the chair of Agriculture in the Paris Conservatoire of Art and Industry. He was named Commander of the Legion of Honour in 1857, and promoted to the rank of Grand Officer in 1876. M. Boussingault was the author of a large number of papers on physics and chemistry, and of treatises on "Chemistry and Physiology in Agriculture," "Studies on the Transformations of Iron and Steel," &c.

AN influential committee of the inhabitants of the Royal parish of St. Martin-in-the-fields is appealing for subscriptions towards the suitable celebration of the Queen's Jubilee. The money received will be devoted, either by direction of the donors or at the discretion of the committee, to any one or all of the following objects:—Entertainment to children and old people; the purchase of a site of freehold land for the extension of Charing-cross Hospital; a memorial window in St. Martin's Church; the Imperial Institute; and the Church House. A first list of subscriptions has already been published, and each of the above objects seems to be meeting with hearty support.

THE Editor of *Land and Water* has succeeded in inducing M. Pasteur to undertake an investigation into the cause of grouse disease, and asks those interested to co-operate with him in obtaining for the French *savant* the necessary specimens.

AT the last meeting of the Aldershot Military Medical Society, Surgeon-Major Scott, C.M.G., who has recently been studying the Pasteur system in Paris and Naples, gave an account of his investigation.

WE are asked to announce that all drawings to illustrate papers in the Pathological Society's Transactions must be sent to Dr. Coupland, hon. sec., before May 31st.

NEWS has been received from Vienna of the serious illness of Professor Billroth.

THE Cape de Verde Islands are stated to be now experiencing an epidemic of small-pox.

MEETING OF THE GENERAL MEDICAL COUNCIL.

(*Continued from page 1046.*)

THURSDAY, MAY 19TH.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

The PRESIDENT read a letter from Sir Henry Acland acknowledging the receipt of the address from the Council on his retirement, expressing his gratitude for the kindly feelings embodied therein, and adding that he should always take the warmest interest in all the future proceedings of the Council.

A communication was received from the Privy Council, stating that the Lords of the Council had yesterday passed an order for postponing until June 30th next the "appointed day" named in the Medical Act of 1886, and that the order would be forwarded as soon as printed.

Dr. STRUTHERS proposed the re-election of the existing members of the Executive Committee.

Dr. BANKS seconded the motion.

Mr. SIMON hoped that the members of the Executive Committee would be elected in the ordinary way by ballot, seeing that the Council had been strengthened by the election of five new members.

Dr. FERGUS said all that was necessary was to elect two new members, the existing members holding office till June.

After some discussion the motion was agreed to. A ballot was then taken for two new members of the committee, one for Scotland and one for Ireland, and the members elected were Dr. Heron Watson and Mr. Macnamara. The Business Committee, the Dental Committee, the Pharmacopœia Committee, and the Finance Committee (to which Dr. Humphry was added) were re-elected. The Education Committee and the Examinations Committee were also appointed.

Dr. QUAIN said that the available funds of the Council were exhausted, and there was nothing wherewith to pay the members for their attendance unless the English Branch

Council advanced it. They were willing to do so, but on condition that the Scotch and Irish Branch Councils made a remittance at an early period.

Mr. SIMON moved, "That the Council delegate to the Executive Committee to exercise the powers and discharge the duties of the Council so far as the Executive Committee shall, in the absence of the Council, find necessary or expedient, except as follows:—First, as to making representations or reports to Her Majesty in Council or to the Privy Council; secondly, as to making general rules or recommendations; and thirdly, as to deciding, under Section 29 of the Medical Act (1858), whether any medical practitioner has been guilty of infamous conduct in a professional respect."

Dr. HAUGHTON seconded the motion.

Dr. A. SMITH thought that all the offences under Sections 28 and 29 should be included in the exception.

Mr. SIMON thought the Executive Committee should have the power of removing from the Register persons who had been convicted of felony; but doubtful cases would probably be referred to the Council for decision.

Mr. MCVAIL saw no reason why the Executive Committee might not make "recommendations."

Dr. DUNCAN suggested that the motion should be deferred till the next meeting of the Council, considering the far-reaching nature of the change proposed.

Dr. HUMPHRY hoped that the matter would not be deferred. The Executive Committee should not have power to interfere with the general principles on which the Council acted, and that was sufficiently provided for in the exceptions named in the motion. It was important to enable the Executive Committee to decide many matters of business ordinarily undertaken by the Council. If that were done it was possible that one meeting of the Council in the year might be saved.

Dr. BRUCE supported the motion, and urged the importance of saving the time of the Council. Dr. Banks, Mr. Carter, and Dr. Heron Watson also supported the motion.

Dr. PETTIGREW thought the matter should be delayed in order that it might have more consideration.

Sir DYCE DUCKWORTH supported the motion, which was then put, and agreed to.

Dr. HAUGHTON moved, in behalf of the Irish Branch Council: "(*a*) That this Council do appoint two assistant-examiners to the Apothecaries' Hall of Ireland. (*b*) That these examiners do examine in surgery. (*c*) That for a term of one year, from July 1st next, and subject to the order of the Council, Sir William Stokes and Mr. Edward Hamilton be appointed. (*d*) That the fee to each assistant-examiner at the stated quarterly examinations shall be five guineas. (*e*) That, in the event of any vacancy occurring among the assistant-examiners appointed by this Council, it be remitted to the Branch Council in the division of the kingdom in which the vacancy has arisen to appoint an *ad interim* examiner or examiners."

Mr. COLLINS seconded the motion, which was agreed to.

Mr. MACNAMARA moved: "That the Council now proceed to appoint Inspectors of Examinations from the following list of persons suggested by the Branch Councils:—By English Branch Council: In Medicine—Dr. Coupland, Dr. Finlay; in Surgery—Mr. McGill, Mr. Pepper; in Midwifery—Dr. Malins. By Scottish Branch Council: In Medicine—Matthew Hay, James A. Russell; in Surgery—Joseph Bell, J. D. Gillespie, D. N. Knox; in Midwifery—A. H. F. Barbour, R. Milne Murray, W. L. Reid, James Stirton. By Irish Branch Council: In Medicine—John Magee Finny; in Surgery—E. H. Bennett, E. D. Mapother; in Midwifery—F. W. Kidd, T. M. Madden.

Dr. BRUCE seconded the motion, which was adopted.

The Council then proceeded to the appointment of inspectors in private, strangers being requested to withdraw.

On the readmission of strangers the PRESIDENT announced that the following gentlemen had been appointed:—For Medicine, Dr. Finlay; Surgery, E. H. Bennett; Midwifery, A. H. F. Barbour.

Dr. GLOVER called attention to the late appearance of the Medical Register, which he said was not published till April 29th. The Medical Directory appeared before the end of the previous year. In former years the Register appeared at various dates in February and March, but never so late as this year. No doubt the circumstances were somewhat exceptional, and certain improvements had been introduced, but he still thought that the appearance ought not to have been so late, and hoped that it would be earlier in future. He was quite sure that the fault did not lie with the Registrar, who took great pains to have the work done not only accurately but promptly.

Dr. QUAIN said that many changes had been required in the Register, and there were great difficulties in bringing out so large a volume. There had also been some delay in the Stationery Office, where the book was printed at a very cheap rate, so that it was impossible to put too much pressure upon them.

Dr. A. SMITH regretted that the matter had been brought before the Council, and thought that the attention of the Executive Committee ought to have been called to the subject. He also thought that there was an undeserved imputation of neglect on the part of the Registrar.

The REGISTRAR said that the work of the Register had materially increased of late years. Some delay had arisen in consequence of the useful addition of dictionary headings, which necessitated another revise. The work was done at a much cheaper rate than it would be done by an ordinary printer.

Sir WM. GULL thought that there ought to be a general expression of entire confidence in the Registrar. He had often been surprised at the admirable manner in which his work was done.

Dr. STRUTHERS expressed his concurrence in the remarks of Sir W. Gull. They ought to take no notice of the pellets of the penny-a-liners of the anonymous London press.

Mr. MCVAIL said he thought that Dr. Glover was entirely justified in the course he had taken.

Dr. GLOVER said he thought that he had carefully guarded himself in regard to their obligation to Mr. Miller, the Registrar. He still thought that he had brought an important matter before the Council. He was not quite satisfied that the late appearance of the Register was unalterable; and if it did not appear sooner next year he should feel it his duty to make the same complaint.

Dr. STRUTHERS, who had given notice of a motion for the consideration of the interim report of the Executive Committee and the suggestions of the Branch Councils in regard to the appointment of inspectors of examinations, said that it had been rendered unnecessary after the motion of Mr. Macnamara. He would only refer to one of the recommendations of the committee, that the inspectors should have their attention specially called to the quality of the examinations, and also to the sufficiency of the means and appliances for testing the qualification of the candidates. There was another matter to which special attention should be called—viz., the quantity of the examinations, that being a point in which they were deficient. There ought also to be a reference to the previous reports of visitors.

Dr. HAUGHTON withdrew a motion of which he had given notice, with reference to the manner of entering on the Register the names of British physicians and surgeons holding foreign diplomas in dentistry.

This concluded the business of the Council.

The PRESIDENT said he thought that the Council might congratulate itself on having settled some very important and difficult questions in such a way as to economise time and labour in the future. Though the session had been a long one, he did not regret the time that had been spent, because he thought that great economy and other advantages would be the result.

MEDICAL ATTENDANCE ORGANISATION COMMITTEE.

THE eleventh meeting of the above committee was held at 5, Lamb's-conduit-street on Tuesday, the 10th inst., Sir T. Spencer Wells in the chair. There was again a good attendance of the committee. The following resolutions were considered:—

1. "That it be an understanding that the resolutions passed on this branch of the subject—namely, relating to the hospitals—are intended as a basis for a conference with hospital authorities previous to the general report being submitted, and not as a final settlement." This resolution was carried unanimously.

2. "That in the opinion of this committee hospital authorities should be requested to consider the propriety of requiring all applicants for relief in the out-patient departments to sign a declaration that, in the case of single

persons, their average wages do not exceed £1 per week; and, in the case of a family, their joint earnings do not exceed 30s. per week."

To this resolution the following amendment was proposed:—"(1) That in the interest of hospitals, provident and other dispensaries, and of the poor themselves, it is desirable that an agent, well trained and thoroughly conversant with the locality, rates of wages, &c., be employed at general hospitals and free dispensaries to fulfil the following duties: (*a*) To ascertain whether the patients should receive advice and treatment gratuitously; (*b*) to make inquiries on the plan now in force at the London Hospital; (*c*) to refer persons ineligible for free medical treatment to local practitioners, provident dispensaries, or relieving officers. (2). That this proposal be adopted, on the understanding that all patients are eligible for first treatment, and also that those cases which are vouched for by the medical men as of special interest be retained at the hospital."

There was considerable discussion on the resolution and amendment, after which the amendment was carried by a large majority.

The following proposed alterations in the out-patient departments of hospitals was then moved by Mr. T. Holmes:—"1. That both the number of out-patients received each day and the hours for seeing them be limited, so that not more patients be received than can be deliberately attended by the stated officers of the hospital (and used for clinical instruction in hospitals having schools attached), and also that the present abuse of keeping patients waiting for a great part of the day be reformed. 2. That out-patients be not received (except in the casualty department) without a recommendation from some medical authority, whether a dispensary or private medical practitioner, so as to ensure that only persons are received whose medical condition fits them for out-patient treatment. 3. That out-patients be received only for consultation, and not for prolonged treatment, unless the latter be recommended both by the medical authority who sends the patient and by the out-patient physician or surgeon of the hospital. 4. That the casualty department be strictly limited to accidents and street emergencies, and that only accidents attend more than once."

It was resolved that these resolutions should be considered separately at the next meeting of the committee on Tuesday, the 17th inst.

TESTIMONIAL TO MR. FURNEAUX JORDAN.

A MEETING of subscribers to this fund was held on the 12th inst., in the library of the Birmingham Medical Institute, to present Mr. Furneaux Jordan with a Testimonial on the occasion of his retirement from the surgical staff of the Queen's Hospital and from professional life. Mr. J. St. S. Wilders presided, and a large number of the practitioners of Birmingham and the Midlands attended. The presentation, towards which 134 old pupils and friends contributed, took the shape of two large portraits of Mr. Jordan, which were specially prepared at the wish of the subscribers—one to be hung in the Queen's Hospital and the other in the Birmingham Medical Institute; and also a handsome library of books and a cheque for £217. The chairman, in making the presentation, alluded to Mr. Jordan's high renown as a surgeon and a teacher, and to the services he had rendered to his hospital and the profession. Sir James Sawyer, Mr. T. H. Bartleet, Mr. Chas. Sims, Mr. Vincent Jackson, and Mr. F. Underhill also added complimentary remarks; the latter, on behalf of the general practitioners, for whom he spoke, said that they had always found in Mr. Jordan the highest type of a consultant. Mr. Jordan, in replying, expressed his great appreciation of the kindness which had prompted the testimonial. He had been impelled to retire by considerations of health, as professional work could only be carried on by a strain too great for his endurance. He urged his professional brethren to consider whether it was worth while dying in harness,—whether they should not look forward to a short period of rest and enjoyment. Retrospectively, he observed that when he began life he was ambitious to take up the philosophical side of the profession, but he could not succeed in doing anything of the kind. He found practical surgery—the easing of the troubles and pains and anxieties of one's fellow-creatures—much more pressing.

SANITARY LEGISLATION CONFERENCE.

THE third meeting of the Conference convened by the Sanitary Assurance Association, to consider and report upon the Sanitary Registration of Buildings Bill, was held on the 16th inst., the President of the Association, Sir Joseph Fayrer, presiding. At the first two meetings the principle of the Bill was unanimously approved, and six out of the seventeen sections of which the Bill consists were with amendments agreed to. At the last meeting Section 7 was agreed to as follows:—The Local Government Board or corresponding authority shall issue licences in sanitary practice to the following persons and corporations—that is to say, (1) members of the Royal Institute of British Architects, members of the Institution of Civil Engineers, members of the Royal Institute of Architects of Ireland, members of the Association of Municipal and Sanitary Engineers, and surveyors and members of the Surveyors' Institution who are registered in accordance with this Act as qualified in sanitary practice; (2) architects and civil engineers who have been in practice three years at the passing of this Act, and who shall prove their practice has been a *bonâ fide* one and has included the designing and carrying out of constructive sanitary works; (3) sanitary associations incorporated by licence of the Board of Trade, provided that their certifying officers be registered as qualified in sanitary practice, in accordance with this Act; (4) medical practitioners registered as qualified in sanitary science; (5) persons who are medical officers of health at the passing of this Act; (6) persons who at the passing of this Act hold appointments as engineers or surveyors under the Public Health Acts, provided they are members of one of the institutions mentioned in Subsection I. of this section; (7) such other persons as the Local Government Board or corresponding authority may consider qualified after examination. Considerable discussion took place on the eighth and ninth sections, but they were agreed to with merely verbal alterations, and the Conference then adjourned until the 23rd inst.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Reading Urban District.—The borough of Reading has increased between 1881 and 1886 from a population of 42,330 to 48,280, the persons per acre having risen from 20·2 to to 23·0. But the death-rate has fortunately fallen, and last year it stood at 16·8 per 1000; a substantial reduction has also taken place in the zymotic rate and in the infantile death-rate. All these points are brought out in considerable detail by Dr. Shea, who is also able to advert to some of the circumstances which have led to this comparative prosperity in health. The water supply is kept under constant and vigilant supervision, and improvements are steadily being effected in the method of its service. There is a sanatorium for small-pox, and a separate fever cottage. The notification of infectious diseases is also carried out under an Improvement Act, and the information so obtained has materially assisted the efforts to deal with these diseases. Bakehouses, cowsheds &c., slaughterhouses, and offensive trades are kept under supervision, and a code of bye-laws is now ready for application. Some occurrences of typhoid fever led to the water supply being suspected by some inhabitants of the district. Dr. Shea does not think the suspicion well founded, but he presses the importance of efforts to secure the diversion of all sewage about the intakes of the Reading Waterworks.

Reading Rural District.—This district is also under Dr. Shea's medical supervision. It had in 1886 a death-rate of only 12·2 per 1000, and the amount of infectious disease was unimportant. When any occurred, such action as was available was adopted to secure permanent improvement in the sanitary circumstances. The local water supplies are cared for, especially where dairy farms are concerned, and a system of scavenging has been adopted in one of the more populous localities.

Taunton Urban District.—In his annual report on this district Dr. Alford points to the improvements that have been effected in the water service, and which will soon be completed by the construction of a storage reservoir sufficient to ensure a constant service. Referring to complaints as to enforcing closure of wells, he states in answer that, whereas typhoid fever was once common in the district, it has now well-nigh disappeared. Much has also been done to improve the system of sewers and to secure adequate means of flushing. The corrected death-rate for 1886 was 17 per 1000, and the zymotic rate was only 1·4; infectious diseases being controlled by voluntary notification, isolation in hospital, and subsequent measures of disinfection. The sanitary hospital received 60 patients, the total admissions since its opening having been 593. Of the 60, 46 came from the urban district and 14 from the rural district, and, apart from two cases dying within forty-eight hours of admission, only two instances of death occurred. This hospital has always been worked satisfactorily, and a glance at the year's financial statement with regard to it shows that repayment by patients of the costs incurred is not allowed to stand in the way of the prime consideration of securing isolation in the interests of the health of the public.

Taunton Rural District.—In this district Dr. Alford has complaint to make as to the absence of proper means of drainage and as to defects in existing sewers, and he states generally that although good sanitary work has been carried out yet much remains to be done. The death-rate for 1886 was 15·9 per 1000. Bye-laws are needed to regulate the construction of new buildings, and power should be sought by the authority to make them.

Wokingham Urban District.—Here Dr. Shea reports a death-rate of 19·3 per 1000, but the zymotic rate was only 1·1 per 1000. Small-pox was the only disease that gave rise to anxiety, and the authorities are reminded that the Poor-law hospital is not properly available for sanitary purposes. The water supply is carried into houses needing it, the sewage farms work well, and bye-laws have been provisionally adopted.

Wokingham Rural District.—This district is also in Dr. Shea's area as medical officer of health, and the report is in the main a record of sustained sanitary work. Nine cases of enteric fever occurred in three houses, and a detailed account is given of their sanitary circumstances, the result being that these did not sufficiently account for the occurrence, which in point of causation remained somewhat obscure. The general death-rate during 1886 was 15·3 per 1000.

Whitechapel.—The death-rate for this district in 1886 was 22·5 per 1000, and Dr. Loane holds that it is considerably influenced by the number of common lodging houses within it. These tend at times to become suddenly filled by persons who are certainly not in the best state to withstand disease. Thus, early in the year when liberality was being dispensed at the Mansion House, there was a special influx of people into Whitechapel lodging houses from all parts of the country, and they were people who, whilst adding but little to the birth-rate, tend enormously to increase the sick and death rates. Indeed, whilst the common lodging-house births equal 1·3 per cent. of the total district births, and 3·84 per cent. of the births in the Union Infirmary, the deaths in these registered houses equal 11·9 per cent. of the total district deaths, and 64·5 per cent. of the total infirmary deaths. In this connexion it is interesting to note that in the Whitechapel district there are buildings constructed under the Artisans and Labourers' Dwellings Acts, and also by private enterprise, which accommodate some 6432 persons. These give a mortality of 16·0 per 1000, and contribute only 6·3 per cent. of the total deaths, or about half that which the common lodging houses contribute. And the contrast is the greater when it is remembered how large a proportion of young children to adults there is in the artisan class of dwelling.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5703 births and 3494 deaths were registered during the week ending May 14th. The annual rate of mortality in these towns, which had been 21·6, 20·6, and 20·9 per 1000 in the preceding three weeks, declined last week to 19·7, and was lower than in any previous week of this year. During the first six weeks of the current quarter the death-rate in these towns averaged 20·7 per 1000, and was 2·1 below the mean rate in the corresponding periods of the ten years 1877-86. The lowest rates in these towns last week were 10·7 in Bolton, 12·8 in Derby, 14·9 in Leicester, and 15·3 in Sunderland. The rates in the other towns ranged upwards to 26·2 in Newcastle-upon-Tyne, 26·4 in Manchester, 26·9 in Liverpool, and 29·0 in Huddersfield. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 558, 529, and 548 in the preceding three weeks, declined last week to 500; they included 235 from measles, 136 from whooping-cough, 47 from scarlet fever, 33 from "fever" (principally enteric), 27 from diarrhœa, 20 from diphtheria, and only 2 from small-pox. No death from any of these zymotic diseases was registered during the week in Wolverhampton; whereas they caused the highest death-rates in Sheffield, Huddersfield, and Norwich. The greatest mortality from measles occurred in Sheffield, Manchester, Salford, Newcastle-upon-Tyne, and Norwich; from whooping-cough in Huddersfield, Birmingham, and Blackburn; from scarlet fever in Hull and Oldham; and from "fever" in Liverpool. The 32 deaths from diphtheria in the twenty-eight towns included 9 in London, 3 in Huddersfield, 2 in Liverpool, and 2 in Brighton. Small-pox caused 1 death in Portsmouth and 1 in Cardiff, but not one in Greater London or in any of the twenty-five other large provincial towns. Only 7 cases of small-pox were under treatment on Saturday last in the metropolitan hospitals receiving cases of this disease; 3 new cases were admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 338 and 348 in the preceding two weeks, declined last week to 294, and were 48 below the corrected average. The causes of 74, or 2·1 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Cardiff, Bolton, and in four other smaller towns. The largest proportions of uncertified deaths were registered in Sheffield, Salford, and Liverpool.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 22·5 and 21·2 per 1000 in the preceding two weeks, rose again to 21·5 in the week ending May 14th; this rate exceeded by 1·8 the mean rate in the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 10·8 and 14·6 in Leith and Perth, to 23·6 in Glasgow and 23·7 in Edinburgh. The 536 deaths in the eight towns last week showed an increase of 7 upon the number in the previous week, and included 36 which were referred to whooping-cough, 15 to measles, 12 to scarlet fever, 7 to diphtheria, 5 to "fever" (typhus, enteric, or simple), 3 to diarrhœa, and not one to small-pox; in all, 78 deaths resulted from these principal zymotic diseases, against 95, 89, and 72 in the preceding three weeks. These 78 deaths were equal to an annual rate of 3·1 per 1000, which exceeded by 0·3 the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 36 and 31 in the preceding two weeks, rose again last week to 36, of which 18 occurred in Glasgow, 7 in Dundee, and 6 in Edinburgh. The 15 deaths from measles showed a further considerable decline from the numbers in recent weeks, and included 10 in Glasgow and 5 in Aberdeen. The fatal cases of scarlet fever, on the other hand, which had declined in the five previous weeks from 11 to 2, rose again last week to 12, of which 6 occurred in Glasgow and 3 in Aberdeen. The 7 deaths from diphtheria also exceeded recent weekly numbers, and included 4 in Glasgow and 2 in Paisley. Of the 5 deaths referred to "fever," 2 occurred in Glasgow and 2 in Aberdeen. The 3 deaths attributed to diarrhœa were 10 fewer than those returned in the corresponding week of last year. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had declined in the preceding four weeks from 126 to 106, rose again last week to 120, and exceeded the number in the corresponding week of last year by 17. The causes of 56, or nearly 11 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 31·3 and 36·6 per 1000 in the preceding two weeks, declined to 24·4 in the week ending May 14th, and was lower than the rate recorded in any previous week of this year. During the first six weeks of the current quarter the death-rate in the city averaged 31·3 per 1000, the mean rate during the same period being but 18·4 in London and 20·1 in Edinburgh. The 165 deaths in Dublin last week showed a decline of of no fewer than 83 from the number in the previous week; they included 7 which were referred to measles, 4 to whooping-cough, 3 to diarrhœa, 2 to scarlet fever, 2 to "fever" (typhus, enteric, or simple), and not one either to small-pox or diphtheria. Thus 20 deaths resulted from these principal zymotic diseases, against 24 and 19 in the preceding two weeks; they were equal to an annual rate of 3·0 per 1000, the rates from the same diseases being 2·3 in London and 1·4 in Edinburgh. The fatal cases of measles, which had been 11 and 6 in the preceding two weeks, rose again last week to 9; the deaths from whooping-cough, "fever," and scarlet fever, on the other hand, showed a decline in each case. The deaths both of infants and of elderly persons showed a considerable decline from recent weekly numbers. Four inquest cases and 6 deaths from violence were registered; and 48, or more than a quarter, of the deaths occurred in public institutions. The causes of 19, or more than 11 per cent., of the deaths registered during the week were not certified.

THE DUBLIN DEATH-RATE.

The Registrar-General for Ireland, in a recent address, stated that, whilst a remarkable reduction in the death-rate had taken place in the English towns during the ten years which had elapsed from the passing of the English Public Health Act, no corresponding reduction had been noticed in Dublin during the ten years which had passed after the enactment of the Irish Public Health Act in 1874. This statement attracted the notice of the Dublin Town Council, and they adopted a resolution drawing the attention of Sir Charles Cameron, the medical officer of health, to the matter, and requesting him to report to the Council on the subject as soon as possible. That gentleman has accordingly drawn up a report, in which at the outset he states that since the corporation have been provided with adequate means for the purpose, they have, apparently with remarkable success, laboured to reduce the high rate of mortality which has so long prevailed in Dublin. It appears to him that a most serious factor in producing the high death-rate in Dublin is the poverty of a large proportion of the population. Another cause of the higher death-rate is the crowding into the city from the country of worn-out and decayed persons who end their days in the hospitals and workhouses. It is a remarkable fact that Dublin, with only one-twentieth of the population of Ireland, contains about two-fifths of all the hospital beds in the country. A fact showing the poverty of the people is that, while 15 per cent. of the deaths in the English towns take place in the workhouses and charitable institutions, in Dublin it amounts to 30 per cent. The returns of the Registrar-General for Ireland show that the death-rate among certain of the poorer sections of society is very great, while among the well-to-do classes in Dublin the mortality is the reverse of excessive. For example, in 1886 the death-rate was only 17·3 among the 30,129 persons composing the "professional and independent classes." Sir Charles Cameron thinks it probable that the stagnant condition of the contents of the city sewers operates injuriously upon the public health. It may not, he remarks, be generally known that the mouths of the sewers are closed for about twelve hours daily by the rise of tidal waters in the river; therefore, during this time all the sewage of the city is impounded in the sewers, except the portion which is pumped out at the two pumping stations. Until the beginning of 1879 the corporation of Dublin were unprovided with funds for the purpose of effecting needful sanitary reforms, and the following are the chief measures which since then have been taken to improve the sanitary state of the city. In 1880 £15,000 were expended in making and improving street sewers; a loan of £100,000 was obtained for paving the streets, and followed by a supplementary one of £13,000. In 1881 a loan of £28,000 was procured for domestic scavenging; and the following year the daily cleansing of the yards and sanitary accommodation of tenement houses was carried out. This service costs £3000 a year; and in 1882 an abattoir was established, at a cost of £15,000. Last year the second of two unhealthy areas was cleared, at a cost of £56,700; while public baths and wash-houses have been erected at a cost of £11,000, and a loan of £20,000 obtained for the erection of dwelling-houses for the working classes. Among minor sanitary loans may be mentioned £3000 for improvement of the sanitary accommodation of tenement houses, £2000 for the ventilation of sewers, and £3000 for pumping works in connexion with sewers; while three new streets have been formed since 1883, at a cost of £90,200.

THE SERVICES.

Surgeon-General W. S. Murray, M.B., has been appointed Principal Medical Officer with the troops in Egypt, vice Surgeon-General J. O'Nial, C.B., who will be placed on the retired list next month under the age clause of the Medical Warrant.

Surgeon U. J. Bourke has been appointed Medical Officer at the Royal Arsenal, Woolwich.

Deputy Surgeon-General J. Landale, M.D., has been appointed to the medical charge of the Sirhind Division.

Deputy Surgeon-General R. W. Meadows has been appointed Principal Medical Officer of the Western District.

INDIA OFFICE.—The Queen has approved of the following promotions among the Officers of the Indian Military Forces, made by the Governments in India:—Surgeon-Major William Smyth Fox, of the Madras Medical Establishment (dated Jan. 4th, 1887), and Surgeon-Major Abraham Nickson Hojel, of the Bombay Medical Establishment (dated April 2nd, 1887), to be Brigade Surgeons.

ADMIRALTY.—Staff Surgeon John Jolliffe has been awarded the Greenwich Hospital Pension of £50 a year for Fleet and Staff Surgeons, R.N., vacant by the death of Deputy Inspector-General F. J. G. T. Forbes.

In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Fleet Surgeon Gerald Molloy has been placed on the retired list, with permission to assume the rank of Deputy Inspector-General of Hospitals and Fleets (dated May 15th, 1887).

The following appointments have been made:—Fleet Surgeon Astley Cooper, to the *Dædalus;* Fleet Surgeon William D. Longfield, to the *Indus;* Fleet Surgeon Godfrey Goodman, to the *Royal Adelaide;* Fleet Surgeon James D. Smith, to the *Rupert;* Surgeon John L. Bagnall-Oakeley, to the *Royal Adelaide;* Surgeon John D. Hewood, to the *Minotaur;* Surgeon Edward J. Biden, to the Plymouth Hospital; Surgeon J. D. Trevor Roper, to the *Foxhound;* Surgeon R. Hickson, to the *Dolphin;* Surgeon W. G. Axford to the *Lion;* and Surgeon F. J. Burns, to the *Pembroke*, additional.

YEOMANRY CAVALRY.—Suffolk: Robert Harry Lucas, Gent., to be Surgeon (dated May 14th, 1887).

ARTILLERY VOLUNTEERS.—1st Cinque Ports: Acting Surgeon Thomas MacQueen, M.B., resigns his appointment (dated May 14th, 1887).

RIFLE VOLUNTEERS.—2nd Volunteer Battalion, the Gloucestershire Regiment: Surgeon C. F. Garrett resigns his commission (dated May 14th, 1887).—6th Lanarkshire: James Wylie, M.B., to be Acting Surgeon (dated May 14th, 1887).—1st Suffolk: Surgeon G. S. Elliston is granted the honorary rank of Surgeon-Major (dated May 14th, 1887).—1st West Riding of Yorkshire: Acting Surgeon T. Deville, M.D., resigns his appointment (dated May 14th, 1887).

THE VOLUNTEER MEDICAL STAFF CORPS.—The Manchester Division: Acting Surgeon William Henry Brownbill Crockwell, from the 16th Lancashire (3rd Manchester Rifle Volunteer Corps), to be Surgeon (dated May 14th, 1887).

THE Pharmaceutical Society held its annual soirée on Wednesday, in the galleries of the South Kensington Museum. The company were received by the President, Mr. Michael Carteigh, and members of Council. A selection of music was played by the band of the Royal Horse Guards, and a concert of glees and madrigals were given under the direction of Mr. and Mrs. Winn. The attendance was very numerous, and a very agreeable evening was spent.

THE annual Court of Governors of the Bath Mineral Water Hospital was held on the 2nd inst., when satisfactory general, medical, and financial reports were presented and adopted.

Correspondence.

"Audi alteram partem."

THE COLLEGE OF SURGEONS' EXAMINATIONS.

To the Editors of THE LANCET.

SIRS,—As my name is prominently mentioned in your leader of last week upon the examinations at the College of Surgeons, perhaps you will allow me to reply.

I do not retract one word of the evidence I gave before the Royal Commission, and I still say that "one man may be lucky," &c.; and that "I do not know, human nature being as it is, how it is to be avoided." Of course, with a comparatively small number of candidates, as at Cambridge in former years when I examined there, it was possible for the whole of the candidates to pass before my surgical colleague and myself, who read *all* the papers and examined alternately *viva voce*. Such a method is impracticable at the College of Surgeons from the large number of candidates, as it is also at the University of London, where my surgical colleague and I divide the papers and candidates, and both of us only read all doubtful papers and examine *viva voce* all doubtful candidates, so that no man may be rejected by a single examiner. At the College of Surgeons the Court of "ten examiners of surgeons" is divided into five "tables," and the candidate whose paper goes, say, to A (where it is read and marked by *both* examiners), goes to B, C, D, and E for his *viva voce*, and so on. Hence each candidate appears before the whole Court, and no section knows what marks the others have given until they are called out at the end of the examination. It is, no doubt, much to be regretted that the rate of "pluck" has been so high lately—viz., 50 per cent. in January and 51·6 in April; but this is partly due to the fact that in January last 65 men were up for the second time, 23 for the third time, 7 for the fourth time, 2 for the fifth time, and 1 for the sixth time; while in April 60 men were up for the second time, 24 for the third time, 7 for the fourth time, 5 for the fifth time, 1 for the sixth, and 1 for the seventh time—making altogether 98 reappearances out of 246 candidates in January, and 98 out of 269 in April.

Although "the statements of 1881 hold good for 1887," a good deal has been done to improve the College of Surgeons' examination, with the object of gaining "less uncertainty," and even "in the way of diminished stringency." The former has certainly been attained to some extent by increasing the time allotted to the clinical and practical examinations respectively from ten minutes to a quarter of an hour, so that neither candidate nor examiner may be hurried. At the April examination, too, the experiment was tried of taking the two parts of the *viva voce* on different evenings, and thus a candidate had twenty-four hours to "pull himself together" after his first "heat." The rule has been established that the "tables" are rearranged every six months, so as to prevent colleagues getting into ruts; and a great deal of care is taken by the College officers in arranging the tables so as to counterbalance any recognised proclivities of certain examiners. Lastly, the practice of referring for only three months candidates who have failed by only one mark of the required fifteen (out of a possible thirty) has been introduced into the College of Surgeons', and through its representatives into the College of Physicians', examinations. As a set-off we have now the power to refer grossly ignorant candidates for nine and twelve months, and the following figures may be of interest:—In January 35 were referred for three months, 82 for six months, 4 for nine months, and 2 for twelve months; in April 43 were referred for three months, 79 for six months, 7 for nine months, and 9 for twelve months.

In conclusion, may I say that the Court of Examiners are but the servants of the Council, which does not hesitate to oust an incompetent examiner. The examinership is not now a life-long office, but is restricted to ten years' tenure, and at the present moment every member of the Court is in active practice as a surgeon and teacher. I could wish that more Fellows of the College would avail themselves of their undoubted privilege to attend the examinations and see how the work is done.

I am, Sirs, yours obediently,

May 16th, 1887. CHRISTOPHER HEATH.

"SUBSTANTIVE *VERSUS* HONORARY RANK."

To the Editors of THE LANCET.

SIRS,—Your article, and the letter of "A. M. D.," in THE LANCET of the 14th inst., on the question of the rank of medical officers of the army, place this most unwise and undignified agitation in a true and proper light. Surely the medical staff has a substantive rank of its own. This is defined in such grade by the clear statement of the Secretary of State for War, that medical officers shall rank *as* the corresponding grades of military officers. What could be more explicit? To what end, then, can honorary rank be desired? Is it possible that physicians and surgeons, graduates of universities, Fellows and Members of Royal Colleges, seek to obtain incongruous military titles as prefixes to their names? If there be medical officers who desire such an anomaly, they have lost sight of the respect due to themselves as members of a learned and recognised profession, and they fail to appreciate the position that profession holds in the esteem of all cultured men. Medical officers may, I think, congratulate themselves that only a very few of their number are so strongly imbued with the love of playing at soldiers that they would carry the mimicry into the serious work of life; and it is fortunate that Mr. Stanhope's replies to questions on the subject are so definitely negative that no fear need be entertained that the few will succeed in placing the many in a very ridiculous position.

I am, Sirs, your obedient servant,

May 17th, 1887. BRIGADE SURGEON.

To the Editors of THE LANCET.

SIRS,—Your issue of April 2nd, has just reached me. In it, at p. 701, is a letter by "F.R.C.P." That communication—doubtless written with the best of intentions—only too well illustrates the absolute ignorance on the part of our civil brethren of the peculiar position which we army surgeons bear in regard to what are two distinct professions—namely, those of *arms* and *medicine*. I can well understand the difficulty which "F.R.C.P." finds in appreciating the unanimous outcry of the army medical staff against the abolition of relative rank. When I first entered the service, some four years ago, the question of rank was often discussed among the medical officers. In those days no stronger opponent than myself existed against the tendency to ask for real or honorary rank. I took my stand—as "F.R.C.P." does—on the inherent position which that of surgeon gives to a man, and scouted all ideas of, or pretensions to, purely military titles, as being expressive of an undignified and false position for members of the medical profession. A few years of actual experience in the army has convinced me of the folly of my original views. I stand second to none in my respect and love for my profession, and have consistently and strenuously endeavoured to do my work as a good medical officer abreast of his times. In the army that is not enough to hold one's own, although it goes some way towards it. Once in the army, and mixing with army men, the value of military rank asserts itself. Let a man be ever so good a doctor, ever so good a gentleman (in its fullest sense), without rank—I mean military rank, and called by military terms—he is as no one. "If you go to Rome, you must do as Rome does." In the army you must be known by army terms and hold army rank. I write in no captious spirit; on the contrary, I may say I almost regret (being a surgeon) to write so. But the plain term surgeon or doctor is valueless in the army. Whether it is the reflected light from our civil rank and file, I know not, but *surgeon* as *surgeon* carries no weight. It is true we army surgeons are not soldiers in the sense of engaging directly in the operations of war, but we are an integral and important part of an army. On service we undergo the same hardships as the regimental officer; we run similar risks; our duties involve equal dangers to life and limb. We command our own men; we acquire the habits and qualities of the soldier. We have to combine units into disciplined bodies for the purposes of concerted action, and at the same time fulfil the offices and show the talents and judgment of experts. In a word, we are two professions rolled into one. I fail to imagine any higher *rôle* than that of the army surgeon. He is at once a commander of men, an organiser, and a guardian of man's most precious gift—*life*. The last few years have seen a steady increase in the ranks of the

army medical staff of well-trained, well-educated professional men—men not only adepts in their technical work, but at the same time men of varied talents; men not drawn exclusively from Ireland and Scotland, but men from the *English* schools. This last step of the War Office will check this popularity of the army as a career for able and educated surgeons. An inferior class of men only will enter. No man with any respect for himself or his profession could, or will, enter the army so long as his position is defined as being non-military, and as such secondary to each and every person whose rank is military. We want no blinking at the question, and hazy definitions of position and rank as given in Clause 125A of the last Warrant. If not *actual*, we want *honorary* rank in the army. The question is important, far more so than many of our civilian brethren think. We in the army know where the shoe pinches.

I am, Sirs, your obedient servant,

B.A. OXON., F.R.C.S. ENG.,
Surgeon, M.S.

Punjab, India.

*** We fully sympathise with our correspondent in his opinion that a definite military rank is essential in the case of an army medical officer. As we have repeatedly said, the medical officers form an integral part of the army, and are entitled to, and must have, a distinct and clearly defined military rank. But we differ from him in this, that we believe the Warrant, as it is to be modified, will secure that well-defined position. The Royal Warrant in its amended form appears to us to grant a substantive military rank to each grade of military officers. If it should turn out—an event which we consider almost impossible—that the military authorities on any occasion call in question this rank, and the Secretary of State declines to carry out the assurance he has repeatedly given in his place in the House on the subject, we shall be found amongst the strongest supporters of any course which may seem calculated to secure to the medical officers that position to which they are clearly entitled. But, believing as we do that the War Minister will in good faith carry out the views he has expressed, we are of opinion that the positions of the medical officers will be well secured, and beyond the reach of question, under the modified Warrant.—ED. L.

A DOCTOR'S INCOME.

To the Editors of THE LANCET.

SIRS,—The letter I wrote you regarding the income of doctors has excited so much interest that I hope you will allow me further to discuss the possible remedies for the present deplorable state of things.

One of your contemporaries has suggested that 10,000 doctors should emigrate. But how can men emigrate who have no practical knowledge useful in that line of life, who have sunk their capital in their education, who have, perhaps, delicately nurtured wives and young children unfitted to rough it in the bush? I venture to assert that there is no overcrowding in the profession. There is one doctor to every 1550 people, which is none too many. The disease which blights so many of us is not want of work, but want of pay. Too many people evade paying the doctor, or pay him such fees that he cannot live decently. At shilling fees 1550 people ought to give a doctor over £800 a year, whilst I showed before that the gross income even of those who have practices scarcely exceeds £600. Surely this proves that the evil is not overcrowding, but underpayment. Can we remedy this? I will venture to offer some suggestions, though I fear they will be much opposed.

Taking fees in detail, we must own that 5*s.* a visit and upwards are adequate payments for doctors. I think quite 10 per cent. of the population pay such fees. We will therefore disregard these. The next grade pay fees which range between 2*s.* 6*d.* a visit and 5*s.* These are as much as middle-class people can afford, and enable a doctor to make a fair honest living. These, too, may therefore be fairly set aside. I think they may be reckoned as constituting another 10 per cent. of the population. The remaining 80 per cent. pay, as a rule, such fees that no doctor can possibly live as an educated gentleman may claim to do, on these fees alone. The union, club, and dispensary patients pay, as I showed before, about 6*d.* or 7*d.* a visit, and the rest of the poor look on these as typical payments, and resent paying more. I will illustrate, by an actual case, the working of the present system, *ex uno disce omnes*. The wife of a retired tradesman joined a medical club, and fell ill. The doctor attended her. Her case was chronic and obscure. The doctor's visits fell to one a week, which the patient considered inattention. Another doctor was called in. This doctor charged 1*s.* 6*d.* a visit (surely a modest sum for half an hour of an educated man's time). This was considered too heavy an expense. The woman obtained a letter for the local hospital and attended as an out-patient for some time. Becoming too weak and ill to go on as an out-patient, she reverted to her club doctor. Finally, she became an in-patient of the hospital, and, I believe, died there. She was attended throughout a long illness, with the exception of one short period, for the sum of *five shillings!* She did not expect a butcher to give her meat or a baker to give her bread for nothing, but that she should expend money on medical attendance seemed monstrous when two doctors were willing to see her for nothing, or next to nothing. Now why were these doctors willing to do this? The dispensary doctor was driven by sheer competition to accept these ludicrous payments or actually starve. The hospital doctor attended her for nothing, because his connexion with the hospital gave him status, and this enabled him to command higher fees from his private patients. But the system which *makes* the hospital doctor *breaks* hundreds of his less fortunate brethren. I would begin, then, by reforming the country hospitals. Let the general practitioner follow his cases to the hospital, and let him receive for so doing exactly the same fees as he would have received for attending the patient at his own home. Let the honorary staff be truly a *consulting* staff. Let them have the honour which they (rightfully) seek, but do not let them do general practitioners' work without pay. Let them meet general practitioners in consultation in the hospital over difficult or obscure cases.

Then we come to the present system of paying the holders of union and club appointments a fixed sum per annum. This has many ruinous effects. In the first place, the largeness of the total conceals from the patients the poorness of the pay. In the second place, it enables the doctor to mass several appointments and keep an assistant (often, alas, unqualified), almost always worse paid than any curate, to do the bulk of the work. In the third place, it often compels men to seek these appointments in order to exclude opponents, who would otherwise divide an already scanty income. Why should not payment be by result in all these cases? Suppose the fee were fixed at 1*s.* a visit and 6*d.* per bottle of medicine, with extras for mileage and nightwork. Let all members of clubs or parish patients be free to go to any doctor they chose who was willing to attend them at the fee fixed. In the case of clubs the patient might be required to pay a portion of each fee out of his own pocket, to guard against excessive visiting. In the great majority of cases union patients could similarly pay a portion of the fee and the parish the rest. I venture to say this system would not merely add largely to the present income of doctors, but would effectually disabuse the public mind of the idea that they have a moral right to a doctor's services for nothing. My arguments may have seemed to be all for the doctors, and none for the public. They are not so really. It cannot be to the advantage of the public that any trade or profession should work for nothing. Such a trade or profession would be *lean kine* eating up the *fat kine*—that is, the profits made by their fathers in other lines of life. A death-rate of 1122 in the medical, as compared with 842 in the legal and 556 in the clerical, shows an undue waste, which must injure the whole body politic. There is much actual loss, too, from scamped work. For instance, a club patient grew seriously worse through his doctor failing to visit him for four days. He then called in another doctor, who cured him in a few hours. Meanwhile the man had lost five days' work, of the value of 18*s.* 6*d.*—as much as he had paid his club doctor in the past five years probably.

Now, Sirs, how are these reforms (or any others that may be thought better) to be brought about? General practitioners are like amœbæ—structureless, without differentiated brain or mouthpiece. Their nominal leaders really belong to a different profession, for consultants are to family doctors almost precisely as barristers are to solicitors. Where are we to look for leaders? Our next question will

be to form a combination such as has never yet been attempted by the profession. If that were once accomplished there would be no difficulty left. The union and club authorities would be obliged to accede to any reform demanded with anything approaching to unanimity by the profession. But there is the rub. We are not sufficiently organised to effect combinations. I fear, therefore, reforms are not likely, and that the present system of hard work and poor pay will probably flourish for many a long day, until, in fact, it has become so intolerable that there is a great dearth of candidates for the profession.

I am, Sirs, your obedient servant,

E. PAGET THURSTAN, M.D.

Southborough, Tunbridge Wells, May, 1887.

To the Editors of THE LANCET.

SIRS,—Kindly allow me to make a few remarks upon the letter of Dr. Paget Thurstan in THE LANCET of April 23rd, 1887. He says, "Such is the state of things; what is the remedy?"

There is and will be no remedy unless medical men hold more together. Why do we not have a society similar to the Incorporated Law Society, and determine amongst ourselves not to take any appointment without a meeting of medical men likely to be invited to undertake any appointment, consider the amount of work to be done, fix their own salary, not allowing the steward or secretary to say we give our surgeons "so and so," and then, throwing the result into the hands of the members, to ballot for the surgeon, each one honestly refusing to make any attempt to win over voters? Can there not be some interference on the part of the Medical Council to limit and determine the difference between medical men and chemists as to their several provinces? Numbers of the people, both rich and poor, *consult* chemists, and never send for a doctor until the eleventh hour, to save any difficulty with regard to the death certificate. Until this is done I fear there will be no remedy for the general practitioner.

I am, Sirs, yours obediently,

May, 1887. M.A. Cantab.

THE SOCIETY OF APOTHECARIES.

To the Editors of THE LANCET.

SIRS,—The decision of the Medical Council in reference to the Apothecaries' Society will give general satisfaction to medical practitioners throughout the country, and they cannot but feel very satisfied at the action of their representatives. The important discussion previously to the division will open the eyes of the medical world. Never was a speech made more damaging to the speaker, or more likely to poison the ignorant mind, than that of Sir W. Gull. One benefit, I trust, will arise from Mr. Brudenell Carter's able advocacy of the weak against the strong—namely, that now the Fellows and Members of the Royal College of Surgeons may hope to have his energy and ability directed towards obtaining for them their just rights and privileges from their own College. The Hall has now nothing to fear; and if in the future it sends out as good men as it has done in the past, the public and the profession will have no cause for complaint.

I am, Sirs, yours faithfully,

May, 1887. J. WICKHAM BARNES.

THE COMPULSORY DETENTION IN WORK-HOUSES OF PATIENTS WITH VENEREAL DISEASE.

To the Editors of THE LANCET.

SIRS,—In reference to the above subject, you state in last week's issue that a correspondent calls your attention to the fact that, so far as workhouses are concerned, such powers already exist, and are to be found in Act 30 and 31 Vict., the Poor-law Amendment Act, c. 106, s. 22. Now, when I wrote you fourteen days ago, I was quite familiar with Section 22, and, certainly, one might very well argue that it gives the necessary power; but I find there is considerable uncertainty as to whether it really applies to cases of venereal disease. It is therefore desirable to have a definite and authoritative opinion on the matter, and, if that be adverse, then some other measure must be obtained. In support of what I say, I may mention that quite recently a deputation of influential gentlemen from eleven unions or boards of guardians in the principal naval and military centres had an interview with Mr. Ritchie, President of the Local Government Board, with reference to the repeal of the Contagious Diseases Acts. In his reply, Mr. Ritchie referring to Section 22 of the above-mentioned Act stated: "Well, a question then arises as to what is the meaning of the words 'contagious diseases' in this Act. I have no doubt it might be argued, and argued with very great force, that the disease in question is a contagious disease under this Act; but I understand there is a very considerable element of doubt upon the point as to whether or not medical officers who are really responsible would be justified in certifying that a certain poor person is suffering from a contagious disease under the Act and ought to be detained." This really being the case, Mr. Ritchie proposed to submit the question to the law officers of the Crown, so that at present the matter is *sub judice*. Even when we obtain power to detain patients in Poor-law institutions, there still remains the large number of cases in lock hospitals and other hospitals with lock wards. Surely something should be done in order to deal more satisfactorily with these. I am, Sirs, yours faithfully,

May 17th, 1887. ARTHUR FLINTOFF MICKLE, M.B.

THE UTILITY OF DRUGS IN THE TREATMENT OF DISEASE.

To the Editors of THE LANCET.

SIRS,—I am a general practitioner, and am glad to be able to add have been a successful one for the past thirty years. I desire to make a comment or two on the speech of Sir William Gull at the last meeting of the Medical Council, as reported in THE LANCET of the 14th inst. I am referring particularly to his expressed disbelief in the utility of drugs in the treatment of disease, and his belief in the all-sufficiency of guarding the patients from any "interference with the powers of nature," and keeping him in "a warm bed." Sir William Gull, referring to the share which he bore of the responsibility of conducting the treatment of the Prince of Wales' attack of typhoid fever, stated that during the whole illness his Royal Highness did not take four doses of medicine. Typhoid fever, all properly educated medical men know, requires, as a rule, little or no active treatment. But what if the Prince's illness had been rheumatic fever or malarial fever caught in India (supposing his Indian tour to have taken place): would Sir William still have withheld all treatment by drugs—salicylates in the one case, quinine in the other? I will do him the justice to say I do not believe he would. But is it a fact that the treatment of the Prince consisted entirely in guarding him from interference with the powers of nature, and in keeping him in a warm bed? Was not alcohol freely administered? I do not know; but this I do know, that Sir William regards a full dose of alcohol, two ounces or even four ounces of brandy if necessary at bed-time, as the best sedative for the nocturnal restlessness accompanied by delirium which occurs in typhoid; and I would ask what is alcohol administered in this way but a drug? I am, Sirs, yours truly,

May, 1887. A GENERAL PRACTITIONER.

REPEATED ASPIRATIONS OF THE BLADDER.

To the Editors of THE LANCET.

SIRS,—The case of repeated aspiration of the bladder recorded by Mr. Collier in last week's LANCET is like one published in *l'Union Médicale*, Feb. 26th, 1876. The patient was a man seventy years old, who had retention from enlarged prostate. The bladder was aspirated with a Potain's aspirator sixteen times in nine days, and then at last an instrument was passed. He did well, and no harm came of the repeated punctures. "Yet who would have thought the old man to have had so much blood in him"!

Your obedient servant,

Wimpole-street, W., May 17th, 1887. STEPHEN PAGET.

Two entertainments by amateurs are to be given at the Novelty Theatre on the 3rd and 4th prox., under the patronage of the Prince and Princess of Wales and other members of the Royal Family, for the benefit of the Great Northern Central Hospital.

LEEDS INFIRMARY POST-GRADUATE CLASS.

(From a Correspondent.)

THE concluding lecture of a most successful course was delivered on Friday last by Dr. Barrs, on Albuminuria, after which Dr. Griffiths, the house-physician, gave a very interesting demonstration in urine tests. The value of this course to the hard-working country practitioner, and, indeed, to others whose time for reading is limited, and whose opportunities are necessarily restricted, will be at once seen by the subjects taken, which were as follows:—Coma and its Causes, by Dr. Clifford Allbutt; Common Deformities, by Mr. T. Pridgin Teale; Some of the Common Diseases of the Stomach and Liver, by Dr. Eddison; Intestinal Obstruction, by Mr. Jessop; Pulmonary Therapeutics, by Dr. Churton; Glaucoma, by Mr. Nunneley; Common Diseases of the Uterus, by Dr. Braithwaite; Gunshot Wounds, by Mr. E. Atkinson; Causes of Retention of Urine, by Mr. M'Gill; Common Diseases of the Larynx and Pharynx, by Dr. Jacob; Diseases of the Anus and Rectum, by Mr. A. Mayo Robson; Common Ear Diseases, by Mr. Hewitson; Injuries of the Head, by Mr. Brown; Syphilis, by Mr. Ward; and Albuminuria, by Dr. Barrs. After each lecture, demonstrations in the wards and in the post-mortem room have been a most valuable, practical, and useful part of the course. Immediately after the lecture a meeting of the members was held, presided over by Dr. Scott of Ilkley, for the purpose of discussing the desirability of a second course, the subjects to be treated upon, the remuneration of the lecturers, the desirability and practicability of admitting qualified men to clinical studies and operative surgery by payment of fee rather than by sufferance (this was introduced by one member, but voted out of order by the chairman), and other matters relating to the success of a future course. The meeting unanimously resolved that another course should be commenced, and that Drs. Barrs and Roberts, the honorary secretaries, who had so satisfactorily framed the last course, should work out and arrange the practical details of the future one, which is to commence on the second Friday in October next, when Mr. Wheelhouse is expected to give the introductory lecture. Although the late class was a comparatively large one (forty-one), there was a general belief expressed that many more gentlemen in the town and surrounding towns and district would take advantage of the next course. It was stated at the meeting that since the formation of the class it had lost two of its members: one by the sudden and lamented death of Dr. Murray of Burley-in-Wharfedale; the other by removal to London of Dr. J. Fletcher Little, late of Ben Rhydding, who, by his characteristic indefatigability, was largely instrumental in the formation of the class.

Before the meeting closed a vote of condolence with the widow of the late Dr. Murray was feelingly proposed, and a resolution passed that the class fee (£2 2s.) should be returned to his widow as a mark of respect to his memory. Very cordial and grateful votes of thanks were unanimously and enthusiastically accorded to the staff, specially including Dr. Griffiths, the house-physician, and to the honorary secretaries for their valuable services.

MANCHESTER.

(From our own Correspondent.)

HYDROPHOBIA.

THERE is some ground for fearing that rabies is on the increase in Manchester and surrounding districts. A fortnight ago two boys, who had been bitten by a supposed mad dog at Sale, were sent to Paris for treatment by M. Pasteur. It is satisfactory to note that yesterday, at the county police-court, steps were taken for putting in force the provisions of the Dogs Act throughout this division of the county.

BUILDING BYE-LAWS.

It was a short time ago stated here that the Sanitary Association was directing its attention to the unsatisfactory condition of the building bye-laws of the Corporation. A conjoint deputation from the Association and from the Architects' Society recently waited upon the mayor, urging their amendment in accordance with modern requirements, and there is ground for hope that this matter will now soon receive the attention of the City Council.

NEW SEWERAGE SCHEME.

The River Committee of the Corporation has just presented their report upon the new sewerage scheme for diverting the sewage from the river. It provides for a large and extended system of new sewers, by means of which the sewage will be taken some few miles below the city, and there treated with chemicals to precipitate the greater part of the solid matters, the effluent being still further purified by filtration through soil before it is allowed to flow into the river or into what will by that time probably be the ship-canal. When Manchester has thus set its own house in order, it will be in a position to call upon other offenders to cease polluting the river in its higher courses. The cost of these new works will be something like half a million of money.

ISOLATION IN INFECTIOUS DISEASE.

At the meeting of the City Council last week exception was taken by some members to the expenditure of £7500 for the isolation of patients suffering from infectious disease. The opposition was based upon two grounds: First, that with the exception of small-pox the sending patients with fever to hospital had in no way diminished the prevalence of these diseases; and, secondly, that it was wrong in principle to vote such large sums of money over the expenditure of which they had no control, as the fever hospital was under the management of a charity subject in no way to the supervision of the Corporation.

OWENS COLLEGE.

Owens College has come out very well from the recent pass examination of the College of Surgeons, and the percentage of plucks has not been large. Some few years ago it was the custom to institute a preliminary test examination (as is done in most of the London schools) before allowing men to go up for this examination, but during the late dean's (Dr. Gamgee) time this rule was abolished. The results do not appear to have been detrimental to the college successes. Owens College has lately benefited to the extent of £5000 under the will of Mr. Thomas Jones, who died at Bournemouth, but who formerly lived in this city. He has also made bequests to the Royal Infirmary, the Eye Hospital, the Southern Hospital, the Consumption Hospital, and to most of our local charities, amongst them to one that seldom receives recognition in this way—i.e., the Manchester and Salford Sanitary Association, to which he leaves £200—a most acceptable bequest, as the funds of this Society are not at all commensurate with the work it attempts to do.

THE SCARLET FEVER EPIDEMIC.

This epidemic appears to be slightly abating from the returns published weekly, but the wards of the fever hospitals are still very full of patients suffering from this disease, and measles prevails to an extent almost alarming. In the Chorlton Union alone last quarter 146 deaths were reported, and during the past month 85 deaths occurred in Gorton township. In other parts of the surrounding districts it is equally prevalent.

May 17th.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

NEWCASTLE JUBILEE EXHIBITION.

THIS Exhibition, which was opened here on the 11th inst, by H.R.H. the Duke of Cambridge, under the most favourable auspices, may be said, as is often said here, "to have never looked behind it since." The registered attendance of visitors passing the turnstiles up to yesterday for the five days was 76,296, but as it was impossible to use the turnstiles completely on the first day, and many thousands were admitted otherwise and without counting, it is quite certain that already over 80,000 persons have been admitted. The firework display on the 11th was rather marred by the damp weather, but this has been more than made up for since by the brilliant illumination of the courts and grounds every night. In the exhibits several London houses are represented. In the stand of Messrs. R. McQueen and Son, surgical instrument makers,

of Newcastle-on Tyne, I noticed a respirator designed for the use of lead workers, by our townsman and late mayor, Mr. Henry Newton, surgeon. Mr. Newton has had much practical experience in the diseases common to lead workers, having been for a long time medical attendant to some of our largest works. The respirator is formed of wire work, with a filtering material capable of being changed with facility. It is distinguished by simplicity and economy in use, and it is therefore no wonder that the chief inspector of factories states "that it is the best thing of the kind he had seen, as it entirely obviates the objection to all other respirators—that of becoming so readily clogged." If Mr. Newton has been so fortunate as to devise a respirator to prevent lead poisoning he will become a public benefactor, for the destruction of health and life in white-lead works here and elsewhere is much to be deplored.

THE NEW FEVER HOSPITAL AT SUNDERLAND.

The foundation of the new Fever Hospital for the borough was laid on Saturday last. The site and building together will cost about £19,000. I will in a future letter give you a general description of the building, which is to contain every modern improvement.

POISONING BY NITRIC ACID.

Last Wednesday the wife of an umbrella maker at South Shields swallowed half an ounce of nitric acid mixed with quicksilver and water at seven o'clock in the morning. She received immediate attention, but died in four hours. The acid solution was used by her husband in plating umbrella handles. At Carlisle also a child has died after twenty-four hours' illness from swallowing nitric acid. The father of the child explained that he had the acid in the house to cure some disease in poultry, it having been recommended for that purpose by some newspaper.

TYPHUS IN THE EAST END OF NEWCASTLE.

Since I last wrote of fresh invasion three cases have occurred in one family and one single case in two other families; all these were removed to the hospital, with one exception (a case dealt with in private practice). One of the cases removed to hospital was the eighth and last member of the family affected. Two cases of undefined type, but strongly suspected to be typhus, have also been removed to hospital. In all of these cases disinfection has been fully carried out. Most of the cases have occurred in the City-road and Sheffield district.

Newcastle-on-Tyne, May 19th.

DUBLIN.

(From our own Correspondent.)

DUBLIN HOSPITALS COMMISSION.

IT is very uncertain whether the various recommendations and suggestions of the commissioners will be adopted. It is a report which will please but few people, and it was a great oversight, as has already been pointed out, on the part of the Government not to have selected at least one medical man as a commissioner, or at all events any important member of the committee connected with the Dublin Hospital Sunday Fund. The truth seems to be that the Commission was appointed to recommend a consolidation of certain of the Dublin hospitals, and also the redistribution of the annual Government grant, the words of the Warrant directing the inquiry to be held naturally leading to these suggestions. This being granted, no great surprise can be felt that the members of the Commission have reported in the way they have done.

VIVISECTION IN IRELAND IN 1886.

A return has just been issued relative to the number of experiments on living animals made in Ireland last year. It appears that the total number of persons holding licences were three, all being medical men, and that all the experiments were carried out in a painless manner. The experiments were seventeen in number, and were directed to the elucidation of diseases of the vascular and nervous systems and to blood poisoning.

HEALTH OF IRELAND.

During the March quarter the births registered numbered 29,054, and the deaths 25,392, the latter representing an annual rate of 20·9 per 1000. The birth-rate for the quarter was 1·0 under the average rate for the corresponding quarter of the past five years; and the death-rate shows a decrease of 1·2. Compared with the returns of pauperism, furnished by the Local Government Board, for the corresponding quarter of 1886, there was a decrease of 1073 in the average number of workhouse inmates on Saturdays during the quarter, and an increase of 2346 in the average number of persons on out-door relief.

The concert recently given in aid of the "Nurses' New Home," connected with the Adelaide Hospital, has realised a sum of over £50, which will be expended in furnishing the Home.

The salary of Dr. Oakshoot, assistant resident medical superintendent of Cork District Lunatic Asylum, has been increased by £25 a year.

J. Cardiff, M.D., has been elected coroner for South Wexford.

Dublin, May 17th.

BELFAST.

(From our own Correspondent.)

THE COUNTY ANTRIM GAOL.

THE Lord-Lieutenant of Ireland has appointed Mr. J. Camac Smyth medical officer of the county Antrim Gaol, in room of the late Dr. John Moore. Mr. Smyth was for some time house-surgeon at the Royal Hospital, where, owing to his kindly disposition and skill, he was a great favourite. For some time he has been acting as *locum tenens* for Dr. Moore at the gaol. The appointment is worth about £200 per annum.

BELFAST CHARITABLE SOCIETY.

I understand that at the last meeting of the board of this Society, one of the oldest charities in Belfast, a resolution was passed approving of plans for a new dining-hall, laundry, and other additions to the present buildings of the Society. The cost of the extensions will be about £3900. The President (Sir John Preston) stated that the board, while able to carry on this valuable work without an appeal to the public, would not forget that the constitution of the Society must be kept up by subscriptions, and he trusted the community would continue as hitherto to contribute to that charity.

BELFAST DISPENSARY COMMITTEE.

At the last meeting of this committee there was a very large attendance, as the principal business was the election of a medical officer for dispensary district No. 1, rendered vacant by the death of Dr. James Barron. There were eight candidates. After several polls the contest lay between Dr. John Barron and Dr. Taylor, the former of whom received 42 votes and the latter 35. The successful candidate is a brother of the late medical officer of this dispensary, who died some time ago of typhus fever.

Belfast, May 17th.

PARIS.

(From our own Correspondent.)

M. VULPIAN.

THE death is announced of Professor Vulpian, who is said to have fallen a victim to septic pneumonia, resulting from an anatomical inoculation. M. Vulpian was born in Paris in 1826. In 1854 he took the degree of Doctor of Medicine, and was then attached to the Museum, where he aided Flourens in his researches upon the nervous system. In 1860 he was successful at the *agrégation* with a thesis upon Infectious Pneumonia. Shortly afterwards he became one of the physicians of the Salpêtrière. The chair of Pathological Anatomy becoming vacant at the Faculty, M. Vulpian offered himself as a candidate, and, notwithstanding the opposition of M. Maret, dean of the Faculty of Theology, who denounced him at the Conseil Académique as an Atheist unfit to direct the education of the young, he was elected by a majority of one vote. A little later his adversaries carried the question to

the Legislature, laying a petition against his doctrines and teaching before the Senate. In spite of these attacks he remained one of the most popular professors at the School of Medicine, and after having been promoted in 1872 to the chair of Comparative and Experimental Pathology, he was elected in 1875 Dean of the Faculty. Already a member of the Academy of Medicine, the Academy of Sciences admitted him to their number in 1876, and only last year he was elected to the post of Perpetual Secretary, one of the highest honours to which a scientific man can aspire. As a physician M. Vulpian was not one of those practitioners who owe part of their reputation to public caprice. Of somewhat brusque manner, he was quite the opposite of the fashionable doctor, and his opinion was generally sought in obscure and difficult cases. It was M. Vulpian who was called to Frohsdorf for the late Count de Chambord, and it was not until his assent had been obtained that M. Pasteur ventured to inoculate the human subject in rabies. M. Vulpian leaves a large number of works upon medical science. Amongst these may be cited his "Leçons sur la Physiologie Générale et Comparée du Système Nerveux," his "Leçons sur l'Appareil Vaso-moteur," his "Clinique Médicale de l'Hôpital de la Charité," and, lastly, his magnificent "Maladies du Système Nerveux," beyond doubt the most original contribution to the subject in the French language.

DR. FLORAND ON AMYOTROPHIC SCLEROSIS.

Most neuro-pathologists recognise lateral sclerosis as a distinct systematic disease. Leyden of Berlin, however, maintains that the cases of amyotrophic sclerosis recorded by Charcot and others are merely varieties of progressive muscular atrophy and bulbar paralysis, which, in his opinion, are essentially the same disease. In a recent Paris thesis, prepared under the auspices of the eminent professor of the Salpêtrière by Dr. Antoine Florand, the objections of Leyden to the recognition of amyotrophic sclerosis as a nosographical variety are discussed and combated. Concerning the proposition that amyotrophic sclerosis is merely a variety of bulbar paralysis, M. Florand maintains—and this is the chief point of his thesis—that labio-glosso-laryngeal paralysis is one, and sometimes the only, symptom of lateral sclerosis. He thinks, moreover, that in the cases where Leyden did not note spasmodic symptoms these had either passed away or were yet to come; and he considered the muscular rigidity alone sufficient to establish the spasmodic character of these cases. Leyden's objection, that "for the lesion to be considered systematic it is necessary that it should be traced above the pons," is disposed of by a reference to recent researches by Kahler, Pick, Kojewnikoff, Charcot, and Marie, who have been able to follow the lesion of the pyramidal fasciculi through the pedunculi into the hemispheres.

ACTION OF THE LIVER ON POISONS.

M. G. H. Roger publishes the results of his researches with Professor Bouchard on the action of the liver on poisons. Having verified and confirmed the assertions of Heger and Schiff on the modifications which the alkaloids undergo in the hepatic parenchyma, M. Roger shows that the liver transforms also the normal poisons of the organism, including both the products of disassimilation, and the toxic principles which arise from intestinal fermentation. The most interesting and novel point is that the action of the liver on organic poisons only takes place in the presence of glycogen. This is established clearly in the different experimental diseases of the liver, particularly in animals in a state of inanition, where the gradual and parallel decrease in the two functions can be followed day by day. On the other hand, when hyperæmia of the liver is artifically induced by the injection of irritants into the vena porta, both functions are exaggerated; more glycogen is present and a larger quantity of poison is transformed. M. Roger thinks that the glycogen, changed into glycose, combines with the alkaloids, or with ammonia, to form new and less toxic products, such as he has obtained, outside the body, by heating mixtures of glycogen with alkaloids or ammonia in closed tubes. These experiments lead to various clinical deductions, which are reserved for a future memoir.

GERLIER'S DISEASE.

M. Haltenhoff, of Geneva, made a communication at the Academy of Medicine upon a new neurosis termed *vertige paralysant*, first observed by MM. Gerlier and David in agricultural labourers and shepherds residing in the vicinity of Geneva. This affection is characterised by attacks of paralysis of the muscles of the nape of the neck and extremities, with vertigo, lancinating pains, and ptosis. It occurs in persons living in hot and ill-ventilated stables, and is cured by a change of surroundings.

FOREIGN BODY IN THE PLEURA.

At a recent meeting of the Anatomical Society of Paris M. Leudet showed a preparation of the pleura of a patient who had been operated upon for empyema eight years previously. It contained an indiarubber tube a yard and a half in length.

Paris, May 17th.

VIENNA.

(From a Correspondent.)

THE PHYSIOLOGICAL CONNEXION BETWEEN THE HEART AND THE LUNGS.

PROF. ERNST VON FLEISCHL, the well-known Vienna physiologist, has recently put forward an ingenious view concerning the influence of the heart beat on the respiratory changes in the lungs. His theory is based on a very interesting, but hitherto unknown, physical phenomenon he had occasionally observed. If a liquid containing an absorbed gas be exposed to negative pressure—to a vacuum—only a small quantity of the gas absorbed can be extracted, ascending in visible bubbles through the liquid; but if the liquid had been shaken by a single blow or impact just before commencing the exhaustion process, nearly the whole of the gas absorbed is rapidly set free, the liquid assuming a froth-like appearance. The quantity of gas thus exhausted is one hundred times larger than that withdrawn without impact. This action of the impact on solutions of gases in liquids is, as I believe, somewhat analogous to the well-known phenomenon of rapid solidification of water cooled below the freezing point, or of instantaneous crystallisation of hot saturated and then slowly cooled solutions of Glauber's salt, also initiated by a sudden impact. At a recent meeting of the Vienna Society of Physicians I had an opportunity to see some of Professor von Fleischl's experiments, which can easily be repeated by means of a hypodermic syringe furnished with a stopcock. By a slow upstroke of the piston the lower portion of the syringe is filled carefully with water which has been exposed to the air for a short time; the orifice is then closed by turning the stopcock. The piston is now drawn upwards as far as possible, and then released slowly and cautiously until it touches the water again. By this exhausting action some gas bubbles are formed, which are to be expelled by opening for a moment the orifice and inverting the syringe. Then the liquid is shaken by a single blow exerted against the piston, or by releasing it suddenly. If a short time (half a minute) after the concussion of the liquid the piston is drawn upwards again as far as possible, the previously clear liquid becomes rapidly white, like an effervescent mixture, by the froth formed by the sudden and copious escape of the gas. In explanation of this phenomenon, Professor von Fleischl suggests that by the impact the physical connexion of the molecules of the gas and of the liquid is altered, and that the real solution of the gas in the liquid is transformed into what he calls a "molecular mixture," wherein the gas molecules, previously closely connected with the molecules of the liquid, are lying free in the interspaces between the molecules of the liquid, from which they can easily be withdrawn if the liquid is exposed a short time after the impact to a vacuum or to the process of diffusion. Now, the blood is also a liquid containing absorbed gases. The entrance of oxygen can be easily explained by the properties of the coloured blood-corpuscles, but the exit of carbonic acid has till now received no elucidation, for the rate of pressure of the alveolar air is not sufficient to secure the diffusion of the gas from the blood serum wherein it is dissolved into the air. The Professor assumes that the diffusion of the carbonic acid of the venous blood into the air of the alveoli is only made possible by the action of the impact imparted to the blood in the pulmonary artery by the systolic contraction of the right ventricle of the heart. By this impact the physical condition of the blood entering the alveolar capillaries of the lungs is changed, the solution of carbonic acid in the serum being converted into a "molecular mixture

from which the gaseous carbonic acid can diffuse freely through the alveolar walls into the air. He believes also that cyanosis is due to a weak action of the heart muscle, which cannot impart to the blood an impact sufficient for preparing it for diffusional exchange, so that its carbonic acid cannot be fully discharged. This view of the action of the heart on the respiratory changes seems also to be supported by facts of comparative anatomy.

Obituary.

CHARLES ROBERT THOMPSON, M.R.C.S., L.S.A.

WE announced a fortnight since the death, after a carriage accident, of Mr. Charles Robert Thompson, of Westerham, Kent. Such practitioners as Mr. Thompson was are not so rare in country districts as many imagine, but they are far too good to be allowed to disappear from the scene of their labours without a few words *in memoriam*. Those who knew Mr. Thompson even slightly, or who had had the pleasure of even casual relations with him at Westerham, saw quickly that he was a man of the greatest value to the neighbourhood in which he lived. His sound judgment, his large experience, his surgical readiness, and his kindly manner at once made themselves felt, and must be deeply missed by the community which he served so well, and that in succession to an honoured father who had practised in Westerham for over fifty years. Such histories are the very strength and glory of our profession. They constitute an influence in the surrounding country. Mr. Thompson served his generation in various public ways, notably as a churchwarden and as chairman of the Gas and Water Company. He was born at Westerham in 1830. He was educated at Romanoff School, Tunbridge Wells, and afterwards at St. Bartholomew's Hospital, where he took the Bartley Scholarship. His qualifications were those of the College and Hall, taken respectively in 1850 and 1851. He invented the tube trocar, now so much used in paracentesis. Mr. Thompson had suffered at times from attacks of angina pectoris. He leaves a widow, a son, and two daughters to mourn their loss. They may find satisfaction in reflecting on his life and character.

EDWARD NOLLOTH, M.R.C.P., F.R.C.S.,

RETIRED FLEET SURGEON, R.N.

IT is with regret that we record the death of Mr. Nolloth, which occurred on the 29th ult. at his residence at Camberwell. The deceased was the sixth son of the late John Nolloth, formerly Assistant Secretary of the Navy Board, and latterly of Portsmouth Dockyard. He was the first to be appointed on the staff of the Royal Naval Hospital, Malta; the second appointment being Mr. (now Sir Spencer) Wells. He was surgeon of H.M.S. *Victor Emmanuel* (eighty guns) during the whole of the Russian war, for which he obtained the Crimean and Turkish medals and Sebastopol Clasp, 5th Class Medjidie. He was buried in Nunhead Cemetery.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen have been admitted Licentiates of the College:—

Adams, Gerald Wheatley.
Adie, Alexander James.
Barker, Alleyne Hayward.
Barling, Arthur Stanley.
Barton, Francis Alexander.
Batchelor, Charles.
Blomfield, George Wills.
Bower, William George.
Brown, Frank Manson.
Brown, Lewis Henry.
Burke, Harry Morton.
Capes, Robert.
Charlesworth, George Henry.
Chilcott, Arthur Edward.
Cookson, Reginald George.
Comber, Arthur Wandesforde.
Davenport, Cecil John.
Davies, Frederick Mark.
De Carvalho, Alberto Pedro.
Dewsnap, William Frederick.
Fox, George Martin.
Fox, Stephen Charles Gundry.
Frost, Francis Turner.
Garman, Edwin Cornelius.
Gardner, Ernest Frederick.
Gooddy, Edward Samuel.
†Goodman, Roger Neville.
Goodwin, Frederick Charles.
Gowan, Bowie Campbell.
†Green, Conrad Theodore.
Green, William.
Henderson, James Therapland.
Holt, Joshua.
Hood, Charles John Jacomb.
Hosegood, Samuel Price.
Howse, Neville Reginald.
Humphry, Ernest.
Hutton, John.
Jaques, John Warren.
†James, Arthur William.
James, John Angell.
Kelly, Thomas William.
Kirkpatrick, Randolph.
Kitching, John Lea Walton.
Lankester, Francis John.
Lawson, Hugh.
Lewis, John Nicholls.
MacLean, W. W. Laroche.
Macnab, Allan James.
Malpas, James.
Marston, Henry John.
Metzgar, Charles.
†Miley, Miles.
Morison, Frederick William.
Nott, Arthur Holbrook.
Oldham, Montague Williams.
Oliver, Franklin Hewitt.
Oliver, Stuart.
Osmond, Edward Bartram.
Parsons, Charles Octavius.
Paul, Arthur Edmund.
†Peake, William Pemberton.
Pitcairn, John James.
Preston, Frederick.
Pye, Thomas.
Sansom, Harry Arthur.
Scudamore, Charles Edward.
Sen, Chandi Chavan.
Shellswell, William Arthur.
Shute, George Sidney.
Simmons, Harold.
Simson, Francis Taylor.
Smith, Arthur Henry.
Smith, Edmond Symonds.
Solly, Ernest.
Spurrier, Alfred Henry.
Stuart, Thomas Edmund.
Thompson, Edward Eggington.
Thompson, Wilberforce.
Tinker, William.
Todd, Henry Bansall.
Tonks, Henry.
Vincent, Herbert Edmund.
Waltes, Richard Foulstone.
Walker, Joseph Ragland.
Ward, Charles Walton.
Warlters, Walter Scott.
Watson, William Robert.
Whiston, Phillip Henry.
Wigglesworth, Vincent.
Wilkin, Griffith Charles.
Williams, John T. Creswick.
Young, William Archibald.

† Approved by the Examining Board.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on the 12th inst., the following gentlemen were appointed Examiners:—State Medicine: Dr. Francis S. B. F. de Chaumont, Edinburgh; Dr. Alfred Carpenter, London; Dr. Hubert Airy, Trinity; Sir Charles A. Cameron, Ireland. The following degrees were also conferred:—

DOCTORS OF MEDICINE.—Francis Murray Haig, Trinity; William Arthur Bond, St. John's.

BACHELOR OF MEDICINE.—Edward Noel Nason, Downing.

BACHELORS OF SURGERY.—Francis Murray Haig, Trinity; William Arthur Bond, St. John's.

SOCIETY OF APOTHECARIES.—The following gentlemen, having satisfied the Court of Examiners as to their knowledge of the Science and Practice of Medicine, Surgery, and Midwifery, received certificates entitling them to practise as Licentiates of the Society on May 12th:—

Brodrick, H. E., M.R.C.S., Badwell Ash Hall, Bury St. Edmunds.
Crew, Henry Charles, Shaw-road, Dudley, Worcester.
Danvers, Herbert, Cape Colony.
Rutter, George Herbert, Lady Margaret-road, N.
Scott, Walter Frederick, St. Helen's Gardens, Notting-hill.
Strahan, Samuel Alex. Kenny, Berry Wood, Northampton.
Waltes, Richard, Foulstone, The Grove, Ealing.

THE new premises of the City Provident Dispensary were inaugurated on the 16th inst.

KING'S COLLEGE HOSPITAL.—The bazaar in aid of the funds of this hospital has resulted in a net profit of nearly £1200.

MEDICAL MAGISTRATE.—Dr. E. Sparshall Willett of Isleworth, has been recently sworn in as one of the Justices of the Peace for Middlesex.

VACCINATION GRANTS.—The following gentlemen have received the Government grant for successful vaccination:—Mr. P. Swales, Sheerness (eighth time); Mr. J. W. Hayward, Whitstable, Blean Union (third time).

HOSPITAL SATURDAY AT BIRMINGHAM.—The amount collected on Saturday, the 14th inst., reached the gratifying sum of £6125 10*s.* 3*d.*, being contributions from the many workshops and warehouses of the town.

AT the sixth general meeting of the members of the Hospitals Association, held on the 11th inst., Sir Andrew Clark, Bart., President, in the chair, a paper was read by Dr. William Collier on "The Best Means to Prevent the Abuse of Hospital Charity."

DEVONSHIRE HOSPITAL.—The report of the Committee of Management of this institution for the past year states that 2459 in-patients were admitted and 2238 sent away as improved, 49 as no better, 24 at own request, 8 had died, and 121 remained on the books.

AT a meeting held at Plymouth on the 13th inst. it was decided to signalise the jubilee of the Queen's accession by the reduction or removal of the debt on the South Devon and East Cornwall Hospital. A committee was appointed to take steps to give effect to the resolution.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN.—On the 11th inst., at St James's Hall, Mr. G. A. Sala delivered a lecture on "What I saw in Australia and New Zealand," the proceeds of which are to be placed to the credit of the above hospital.

ST. JOHN AMBULANCE ASSOCIATION.—On May 14th Mr. Stephen Nockolds and his assistant, Mr. MacPhee, of West Cowes, were each presented with a handsome photograph album, by the members of the East Cowes Class, as a token of the esteem and regard in which they are held.

ST. MARY'S HOSPITAL: OPHTHALMIC DEPARTMENT.—We are informed that the eye department at St. Mary's will in future be open on Tuesdays, Fridays, and Saturdays, at 9 A.M.; Fridays being specially devoted to operations and selected cases.

On the 15th inst., a procession of Friendly and Trade Societies in the North-western district was held in aid of the University College and the North-west London Hospitals. A service was held at St. Pancras Church, Dr. Spence, Dean of Gloucester, preaching an appropriate sermon.

HOSPITAL AT DAMASCUS.—Dr. Macinnon, of the Scottish Medical Mission, has recently opened a hospital for poor patients at Damascus. The fanaticism of the Mohammedan population has forced the Government to close it, and Sir W. White is now making representations to the Porte to grant the hospital its protection.

A NEW SWORD HANDLE.—Prof. Braune of Leipzig, after a thorough investigation of the mechanism of the hand, has constructed a new sword handle on anatomical principles, which exactly fits the hand, and can be held with absolute security. It is expected that this improved sword handle will be found very useful, especially by cavalry.

BACTERIOLOGICAL LABORATORIES IN SIBERIA AND RUSSIA.—The Medical Society of Irkutsk, the capital of Eastern Siberia, will soon have a bacteriological station in this city of 40,000 inhabitants. The Kharkov Medical Society has received from the Kürsk Government Assembly 1500 roubles to establish a bacteriological laboratory in Kharkov, and will receive 700 roubles yearly to support the establishment.

SUNDERLAND NEW INFECTIOUS DISEASES HOSPITAL. The foundation stone of this institution, which is situated on an isolated site about twelve acres in extent, was laid on the 14th inst. The building about to be erected includes the administrative block, the laundry, and disinfecting establishment, mortuary, and two fever pavilions. The cost of the building is to be £14,796, and the price paid for the site was £5000.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The annual dinner of this Society was held at the "Criterion" on Wednesday, the 10th, Dr. Alderson, President, in the chair. There was a large and representative gathering of the members, in addition to numerous guests of eminence in the profession and others. This Society, which was founded but a few years ago, has amongst its members many names well known in the profession, and has done good work during the session which is now passed.

QUEEN'S COLLEGE, CORK.—The following prizes and exhibitions have been awarded at the sessional examinations in the Faculty of Medicine:—Exhibition in Practical Medicine: William Kelleher. Exhibition in Practical Surgery: William J. O'Meara. Practical Anatomy: Third year—James Jackson and J. V. Ryan, equal (1st); E. Jenney and J. Wolfe, equal (2nd). Second year—Wm. O'Donnell (1st); J. Hennessy (2nd). Anatomy and Physiology: Third year—James Jackson (1st); J. Smith and E. Jenney, equal (2nd). Second year—W. O'Donnell (2nd); J. Tracey (3rd). Practical Physiology and Histology: J. Jackson (1st); J. Smith (2nd); J. Macpherson (3rd); J. Wolfe (4th). Surgery: E. Jenney (1st); J. Smith (2nd). Practice of Medicine: W. O'Meara (1st); W. Kelleher and J. Ryan, equal (2nd). Materia Medica: J. Hennessy (1st); W. O'Donnell (2nd); J. Tracey (3rd). Medical Jurisprudence: W. O'Meara (1st): J. H. Wilson (2nd). Midwifery: G. Jenney (1st); C. Porter (2nd); J. Smith (3rd). Practical Chemistry: J. Hennessy (1st); J. Ambrose (2nd); J. Tracey (3rd).

MIDDLESEX HOSPITAL.—The festival dinner on behalf of this hospital, announced to take place on the 18th inst., has been postponed.

CITY OF LONDON TRUSS SOCIETY.—The 80th annual festival in connexion with this Society was held on the 17th inst., the Lord Mayor presiding. During an existence of more than three-quarters of a century the charity has relieved over 425,000 of the suffering poor—9394 in 1886, men, women, and children. In the course of the evening the secretary announced subscriptions amounting to £610.

GREAT YARMOUTH HOSPITAL.—On the 18th inst. the Prince of Wales laid, with Masonic rites, the foundation stone of a new hospital at Great Yarmouth. The building, which will cost about £8000, is being erected on the site of a former hospital, and will consist of a central block of buildings, with north and south wings. Accommodation will be provided for forty beds.

NORTH-WESTERN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—At the monthly meeting of the members of this Association, on the 12th inst., a discussion took place on the regulations for dairymen and others under the Contagious Diseases (Animals) Act, 1886, and the Dairies, Cowsheds, and Milkshops Orders of 1885 and 1886. Several suggestions were made, and it was decided to forward them to the London Society, with the view of getting them incorporated in the new regulations.

THE LONDON HOSPITAL.—To-day (Saturday) the Prince and Princess of Wales, accompanied by their daughters, will open the new Nursing Home of this institution and the new buildings of the London Hospital Medical College, the cost of the latter being about £15,000. The Home, which has cost upwards of £10,000, provides separate sleeping accommodation for 100 day nurses and 50 night nurses, and is probably the most complete establishment of the kind in existence.

MEDICAL NOTES IN PARLIAMENT.

Registration of Dogs in the Metropolis Bill.

IN the House of Lords on the 17th inst. Lord Mount-Temple, in moving the second reading of this Bill, said the muzzle was generally regarded as a failure, and the object of the Bill was to provide that there should be a complete register of all persons who took out licences, each dog having a number to be worn on its collar.—Viscount Cranbrook did not oppose the second reading of the Bill, but suggested that further progress should be postponed until after the report of a commission on the subject, and investigation by committee. The noble lord said there were differences of opinion as to the origin of rabies from irritation and other causes.—Lord Belper stated that rabies, which had prevailed in Notts, had been checked by muzzling, but in a neighbouring county a poor boy was bitten by a mad dog and died. It was therefore desirable to give power to extend provisions against rabies beyond county borders.—The Bill was read a second time.

On the motion of Viscount Cranbrook it was subsequently resolved that a Select Committee be appointed to inquire into and report upon the subject of rabies in dogs and the laws applicable thereto.

Monaghan Lunatic Asylum.

In the House of Commons on the 16th inst., in reply to Mr. P. O'Brien, Colonel King-Harman stated that arrangements are being made to have the necessary improvements carried out at the Monaghan District Lunatic Asylum. Diphtheria has not recently broken out, and one of the inspectors who visited the asylum towards the end of last March found the sanitary condition of the patients so satisfactory that only four out of the entire number of 485 were confined to bed.

The Army Medical Service.

In consequence of the lateness of the hour at which Dr. Clarke put his question on this subject on the 12th inst., in our last issue we were unable to give Mr. Stanhope's reply in full. The following, however, were the words used by the right hon. gentleman:—"I have said many times that the abolition of relative rank has not in any way altered the position or status of medical officers, and I have no reason to suppose that these officers are desirous of being called by titles so dissociated from the duties of their honourable profession as those of colonel, major, and captain. These titles are, however, necessary in the case of other departments, whose officers, unlike those of the Medical Department, do not belong to a recognised profession."

Poor-law Officers.

In answer to Mr. Waddy, Mr. Ritchie said that district medical officers and relieving officers are, speaking generally, appointed for life, subject, of course, to the proper performance of their duties, and their salaries cannot be reduced without their consent. It is not the case that there has been, on the whole, a great decrease in the number of paupers during the last few years, although, no doubt, in particular instances this has been so. Neither was it the case, in his opinion, that many of these officers are receiving salaries out of proportion to the duties they have to perform. He could not undertake to suggest that the Royal Commission on the Civil Service should extend their inquiries to the salaries of Poor-law officers, as this would be entirely beyond the scope of their

labours; but the question of the powers which should be possessed by Boards of Guardians with respect to their officers would receive consideration in connexion with the County Government Bill.

Typhus at Fort Burgoyne.

On the 17th inst., in answer to Mr. Bruce, Mr. Northcote stated that examinations have been made both by the Medical and Engineer Departments without discovering any cause which will account for the recent cases of typhoid fever at Fort Burgoyne. Arrangements have, however, been made for an independent examination by an expert of the Local Government Board, which might, he hoped, result in the discovery and removal of any insanitary conditions. Three companies of the 2nd Battalion East Kent Regiment were quartered in the fort until the 12th inst., when the battalion went to Lydd for training. It is intended if there be no objection on the part of the Medical Department, to accommodate the 4th Brigade of the Scottish Division Royal Artillery in Fort Burgoyne, so far as its construction will permit, the remainder of the corps being encamped close at hand.

The Status of Medical Officers.

On the 19th inst. Mr. William Corbet asked the Secretary of State for War whether he could state why army medical officers are placed on a footing with departmental or non-combatant officers, and disqualified from reckoning time on half-pay towards promotion or retirement, in view of the fact that they are required by the Regulations to go under fire, and, in time of war, do so.

The Secretary for War: There are several reasons why medical officers do not count time on half-pay towards promotion or retirement. In the first place, there is in their case no compulsory retirement (as in the case of combatant officers) at a comparatively early age, for it is desirable to retain the services of trained medical officers as long as possible. Moreover the retiring pay of medical officers is on a more liberal scale than that of combatant officers.

Births, Marriages, and Deaths.

BIRTHS.

BERRY.—On the 12th inst., at Queen's-road, Watford, Herts, the wife of F. Haycraft Berry, M.B.Lond., M.R.C.S., of a son (stillborn).

BREWER.—On the 17th inst., at "Cairn," Richmond-road, Hackney, the wife of Hampton Brewer, L.R.C.P.Lond., of a son.

DE'ATH.—On the 12th inst., at Buckingham, the wife of George Hanby De'Ath, L.R.C.P., M.R.C.S., of a daughter.

GRAHAM.—On the 14th ult., at Bindjey, Sumatra, the wife of John Campbell Graham, M.D., of a son.

HOWSE.—On the 11th inst., at 59, Brook-street, W., the wife of Henry G. Howse, M.S., F.R.C.S., of a daughter.

JOHNSON.—On the 12th inst., at Mickleton, Campden, Gloucestershire, the wife of J. Bovell Johnson, M.D., of a daughter.

KIDD.—On the 7th inst., at Brook-street, the wife of Percy Kidd, M.D., F.R.C.P., of a daughter.

MERSON.—On the 8th inst., at De-la-Pole, near Hull, the wife of John Merson, M.D., of a son.

STEEL.—On the 10th inst., at 11, Nevill-street, Abergavenny, the wife of William Dyne Steel, M.D., of a son.

MARRIAGES.

BURRELL—SPARKE.—On the 14th inst., at the Parish Church, Mansfield, by the Rev. Canon Pavey, John Burrell, eldest son of the late John Marchant, of Hertford, Solicitor, to Marion Guyse, second daughter of Geo. Whitefield Sparke, M.R.C.S.

HOLLINGSWORTH—COOPER.—On the 14th inst., at Southend-on-Sea, Thomas Smith Hollingsworth, Deputy Surgeon-General, retired, late of the 62nd Regiment, to Rebecca Page, third surviving daughter of Joshua Vernon Cooper, of Stoke Newington-green.

LEATHAM—RAWSON.—On March 22nd, at St. Mary's Church, New Plymouth, New Zealand, Henry Blackburn Leatham, M.R.C.S., to Mary Louisa, youngest daughter of Mr. District Judge Rawson.

NASH—PERCIVAL.—On the 12th inst., at the Parish Church, West Haddon, Northamptonshire, William Gunner Nash, M.R.C.S., L.S.A., to Louisa Gertrude, second daughter of Charles Percival Esq., of Fox-hill, West Haddon.

DEATHS.

BEGLEY.—On the 11th ult., at St. Peter's-square, Hammersmith, William Chapman Begley, M.D. Trin. Col. Dub., F.R.C.P., late Superintendent (Male Department) of the County Asylum at Hanwell, in his 85th year.

CROWFOOT.—On the 12th inst., at Beccles, W. B. Crowfoot, J.P., F.R.C.S., aged 80.

HUTSON.—On the 14th inst., at Brlegh, Whiteknights, near Reading, Henry Hutson, M.R.C.S., of Demerara, in his 66th year.

MENZIES.—On the 30th ult., on board the P. and O. steamship *Valetta*, between Colombo and Aden, Alexander Menzies, M.B., C.M., in his 25th year.

TIFFEN.—On the 12th inst., at The Limes, Wigton, Cumberland, Robert Tiffen, M.D., aged 63.

TROUTBECK.—On the 17th inst., at his residence, Finsbury-park (of acute inflammation of the lungs), James Troutbeck, M.B.Ed., L.R.C.S., aged 41.

WOODS.—On the 12th inst., at Heene Villa, Worthing, Francis Benjamin Woods, M.R.C.S., aged 77.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ARMSON, FRANK G., L.S.A., has been appointed Medical Officer for the Youall District of the Lichfield Union.

BRAILEY, W. A., M.A., M.D.Cantab., M.R.C.S., has been elected Consulting Surgeon to the Cardiff Eye and Ear Hospital.

DONNELLAN, PATRICK S., L.R.C.S.I., L.K.Q.C.P.I., has been appointed Medical Officer to the Anchor Line s.s. *City of Rome*.

DOUGHTY, DAVID SOMERVILLE, M.B., C.M.Ed., has been re-elected House-Surgeon to the Dumfries and Galloway Royal Infirmary.

DOWDING, ALEXANDER W. W., M.D. Durh., M.R.C.S., has been appointed Medical Officer for the Fourth District of the Stow Union.

HESLOP, W. J., F.R.C.S.Ed., has been appointed Medical Officer of Health for the Stretford Rural Sanitary District, vice Geo. Pottinger, deceased.

KERR, JAMES, M.B., C.M.Ed., has been re-elected Surgeon to the Dumfries and Galloway Royal Infirmary.

KILHAM, CHARLES S., M.R.C.S., L.R.C.P.Lond., has been appointed Medical Officer for the Fourth District of the Eccleshall Bierlow Union.

MACDONALD, ALEX. DALL, M.D., C.M.Ed., has been re-elected Physician to the Dumfries and Galloway Royal Infirmary.

M'LEOD, P. B. H., M.D., C.M.Aber., has been reappointed Medical Officer by the Parochial Board of New Deer, Aberdeenshire.

MANN, ALFRED, M.B., C.M.Ed., has been appointed Visiting Surgeon to the Chester General Infirmary.

MARK, LEONARD, L.R.C.P., M.R.C.S., has been appointed Surgeon to the Chelsea, Brompton, and Belgrave Dispensary.

MARSHALL, WILLIAM, M.D.St.And., L.F.P.S.Glas., has been re-elected Physician to the Dumfries and Galloway Royal Infirmary.

MITCHELL, ANDREW, M.B., C.M.Aber., has been reappointed Medical Officer by the Parochial Board of New Deer, Aberdeenshire.

MOXHAM, M. CAMPLIN, M.R.C.S., L.R.C.P., L.S.A., has been appointed House-Surgeon to the Central London Ophthalmic Hospital, vice G. Barker, M.R.C.S., resigned.

PERRY, E. COOPER, M.A., M.B.Cantab., has been appointed Assistant Physician to Guy's Hospital.

PITT, G. M., M.A., M.D.Cantab., M.R.C.P.Lond., has been appointed Assistant Physician to Guy's Hospital.

SCOTT, WILLIAM, M.D.Ed., L.R.C.S.Ed., has been reappointed Consulting Surgeon to the Dumfries and Galloway Royal Infirmary.

SMYTH, JAMES CAMAC, L.R.C.S., L.R.C.P., has been appointed Medical Officer to the County Antrim Prison; also Medical Officer to the Brookfield and Edenderry Spinning Mills and Factories, vice John Moore, M.D., deceased.

THOMSON, ALEXANDER, M.D., L.F.P.S.Glas., has been re-elected Surgeon to the Dumfries and Galloway Royal Infirmary.

WOOLDRIDGE, LEONARD C., D.Sc., M.B.Lond., M.R.C.P., has been appointed Assistant Physician to Guy's Hospital.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BRIGHTON, HOVE, AND SUSSEX THROAT AND EAR DISPENSARY.—Honorary Dental Surgeon.

BYRLINA HOSPITAL FOR SICK CHILDREN, Southwark-bridge-road, S.E.—Registrar and Chloroformist. Salary £30 per annum, with additional £20 if the post is held for twelve months.

KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.—House-Surgeon. Salary £100 a year, with coals, gas, and attendance.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary £70 per annum, with residence and maintenance in the house.

NEWCASTLE-UPON-TYNE INFIRMARY.—House-Physician. Salary £100 per annum, with board, lodging, and washing.

ONGAR UNION, Essex.—Medical Officer and Public Vaccinator. Salary £75 per annum, with the extra medical fees prescribed by the Consolidated Orders of the Local Government Board and other additional charges in respect of lunacy and vaccination.

ROTHERHAM HOSPITAL.—Assistant to the House-Surgeon. Rooms, commons, and washing in lieu of salary.

ROYAL ALEXANDER HOSPITAL FOR SICK CHILDREN, Brighton.—Assistant Physician.

RURAL SANITARY AUTHORITY OF THE STAINES UNION.—Medical Officer of Health. Salary £15 per annum.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon (unqualified). Board and lodging, but no salary.

TAWD VALE COLLIERY SICK AND ACCIDENT SOCIETY. Skelmersdale, Lancashire.—Medical man. Salary about £150 per annum.

UNIVERSITY COLLEGE HOSPITAL, London.—Resident Medical Officer.

VICTORIA HOSPITAL FOR CHILDREN, Queen's-road, Chelsea.—Assistant Surgeon in the out-patient department.

WILTON UNION.—Medical Officer and Public Vaccinator. Salary £100 a year (inclusive of all midwifery and surgical fees); vaccination fees to be paid in addition.

Medical Diary for the ensuing Week.

Monday, May 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

SOCIETY OF ARTS.—8 P.M. Mr. J. M. Thomson: The Chemistry of Substances taking part in Putrefaction and Antisepsis.

Tuesday, May 24.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 1.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

ROYAL INSTITUTION.—3 P.M. Professor Victor Horsley: The Modern Physiology of the Brain and its Relation to the Mind.

SOCIETY OF ARTS.—8 P.M. Mr. Walter Crane: The Importance of the Applied Arts and their Relation to Common Life.

ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8.30 P.M. Dr. George Harley: Comparison between the Recuperative Bodily Power of Man in Rude and in Civilised Life.—Mr. G. L. Gomme: On the Evidence for Mr. M'Lennan's Theory of the Primitive Human Horde.—Mr. Samuel Gason: On the Dieyerie Tribe of South Australia (communicated, with notes, by Mr. J. G. Frazer).

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Dr. Haig: The Relation of a certain form of Headache to the Excretion of Uric Acid.—Dr. Finlay: Three cases of Alcoholic Paralysis (Multiple Neuritis).

Wednesday, May 25.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9 A.M.; Saturday, same hour.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Specimens will be shown by Dr. Grigg, Dr. Bdis, Mr. Lawson Tait, and others. Dr. Routh: On the Various Modes of Treatment to be adopted for the Worst Cases of Uterine Flexions (adjourned discussion). Council at 8 P.M.

Thursday, May 26.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL INSTITUTION.—3 P.M. Professor Dewar: The Chemistry of the Organic World.

Friday, May 27.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SOCIETY OF ARTS.—8 P.M. Mr. J. Berry White: Indian Tea.

QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. Underhill: On Spiders.—Mr. B. T. Lowne: On the Larva of Musca Vomitoria.

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Report of the Committee on Joint Disease in connexion with Locomotor Ataxy.—Dr. Robert Maguire: Cases illustrating Acute Dilatation of the Heart produced by Alcoholism.—Dr. H. Handford: Case of Endemic Hæmaturia due to the presence of the Distomum Hæmatobium.—Dr. Dawtrey Drewitt: Case of a Child with a Patch of Lupus, which has been treated partly by Scraping and partly by Salicylic Acid.—Mr. Wm. Anderson: Cases of Hammer Toe. Living Specimens:—Dr. Arthur Davies: A case of Rhythmical Tremors affecting One Limb only.—Mr. George Eastes: Chronic Spasmodic Affection of Inspiratory Muscles, with loud Crowing Inspiration.

ROYAL INSTITUTION.—9 P.M. Dr. Edward E. Klein: Etiology of Scarlet Fever.

Saturday, May 28.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Prof. John W. Hales: Victorian literature.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, May 19th, 1887.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
May 13	30·22	N.E.	46	43	91	53	42	·04	Cloudy
,, 14	30·37	N.E.	47	43	100	59	40	·01	Cloudy
,, 15	30·37	N.E.	55	48	101	63	39	...	Cloudy
,, 16	30·21	E.	52	47	97	62	47	...	Cloudy
,, 17	30·04	N.E.	50	47	67	57	47	...	Overcast
,, 18	29·83	W.	55	49	52	61	49	·02	Overcast
,, 19	29·89	S.W.	50	47	...	...	47	·05	Raining

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

THE LATE DR. WILSON FOX.

WE are asked to state that MRS. WILSON FOX feels deep gratitude to a large number of members of the medical profession for kind letters of sympathy and condolence which have been addressed to her and other members of the family. She begs the writers, at the present time, to accept her thanks, and to understand that owing to the largeness of this expression of sympathy it has been, as yet, impossible to send individual replies. We may take this opportunity of supplying an omission inadvertently made last week in our obituary notice of Dr. Wilson Fox—viz., that he held the office of Physician in Ordinary to the Queen. An obvious typographical error occurred also in the date given as that at which he took his M.D. degree, 1855 being misprinted 1885.

No. 420.—Our correspondent wishes to apply to the regulations generally an answer which was given to a question on one specific point. This is, of course, inadmissible.

Observer has apparently omitted to notice our comments on the case, which appeared in our impression of the 7th inst.

Visitor has not enclosed his card.

COCAINE IN AURAL SURGERY.

To the Editors of THE LANCET.

SIRS,—Not having seen mentioned the use of cocaine during the removal of polypi from the middle ear, I should like to state that I have found the operation a painless one after having applied two or three times a ten-per-cent. solution of the hydrochlorate on a probe tipped with cotton wool, the cocaine also acting as a slight hæmostatic—an effect similar to which I have noticed when applied to bleeding and irritable ulcers of lip prior to cauterisation.

I am, Sirs, yours faithfully,

Burntisland, May 16th, 1887. C. BATTEN GRACIE.

UVULATOMES.

To the Editors of THE LANCET.

SIRS,—My attention has just been called to a uvulatome, described in THE LANCET of May 7th, by Dr. Greville MacDonald. Permit me to say that Mathlm of this city made for me an identical instrument in the year 1855, and that a plate of it, with a slight modification, has appeared in his annual catalogues ever since that date.

I am, Sirs, very respectfully yours,

Paris, May 17th, 1887. EDWARD WARREN-BEY, M.D., C.M., LL.D.

BEST COPY AVAIL

THE MOXON MEMORIAL FUND.

PRESIDENT: Sir William Jenner, Bart., M.D., K.C.B., F.R.S. As it is desired soon to close the subscription list, any persons desirous of contributing should forward their subscriptions without delay to the honorary treasurer, R. Clement Lucas, B.S., F.R.C.S., 18, Finsbury-square, E.C., by whom they will be acknowledged. Cheques should be crossed "City Bank."

Sixth List.

Subscriptions announced	£394	0	6	R. Innes Nisbett, Esq....	£1	1	0
F. Wallace, Esq. ...	3	3	0	W. R. Grove, M.D. ...	1	1	0
T. A. Titley, Esq. ...	2	5	0	J. Poland, F.R.C.S. ...	1	1	0
W. C. H. Hunt, Esq. ...	2	2	0	G. F. Farr, Esq.... ...	1	1	0
F. Frank, M.D.	2	2	0	J. C. Steele, M.D. ...	1	1	0
Sir Henry Acland ...	2	2	0	J. Ewart, Esq.	1	1	0
R. F. Stephens, Esq. ...	2	2	0	H. Blatherwick, Esq. ...	1	1	0
A. L. Galabin, M.D. ...	2	2	0	F. S. Pilkington, Esq....	0	10	6
H. W. Strahan	2	2	0	F. A. Hine, Esq. ...	0	10	6
A. G. Osborn, Esq. ...	1	1	0				

Erratum.—The name of *Dr. W. R. Dakin* appeared in the last list as "M. C. Dalton."

Doubtful.—Either course is permissible, though the first-mentioned is perhaps the more advisable.

Mr. R. Thistlethwayte.—The first-named is practically an honours degree.

Dr. Whitelaw Bourns.—Yes, shortly.

"SUICIDE OF SCORPIONS."

To the Editors of THE LANCET.

SIRS,—If you will do me the favour of looking into vol. xxi., p. 325, of *Nature*, you will, I think, find that Dr. Bourne's experiments on these creatures have been long since substantially discounted by me. I did not, however, base any memoir or other essay on these. I did not, indeed, think the game worth the candle; and my object in making them at all was to test Goldsmith's assertion that if "a scorpion is placed in the midst of a circle of burning charcoal ..... it stings itself on the back of the head, and in this manner the undaunted suicide instantly expires." It does nothing of the kind. As to Byron's more glowing description or episode—

> "The mind that broods o'er guilty woes
> Is like the scorpion girt by fire.
> * * * * *
> One sad and sole relief she knows—
> The sting she nourished for her foes,
> Whose venom never yet was vain,
> Gives but one pang and cures all pain,
> And darts into her desperate brain;"

and so, it would appear, shuffles off the mortal coil, along with all its throes and woes, &c.—again I say it does nothing of the kind. On the contrary, and as the outcome of hundreds of these experiments—experiments that were carried out by me in the presence or with the co-operation of a score or more of still living officers, not only at the Jaumari ball practice ground at Cawnpore, but also in sundry hill and cholera camps elsewhere in India—I came to the conclusion that this belief or superstition was entirely erroneous. I came to the further conclusion that its poison was all but inert, not only on itself, but also on small birds, bees, &c.; and as to its own individual behaviour in presence of fire, it was both stupid and cowardly. It either slunk away into any corner it could either make or find, or, moving about aimlessly within this circle, it either perished in the same or died without making any sign inside it. I am, Sirs, your obedient servant,

Auriol-road, W., May 16th, 1887. W. CURRAN.

THE SHOVEL SHOE.

To the Editors of THE LANCET.

SIRS,—You and some of your readers may recognise the signature at the foot of this letter as that of one who has a "craze for crippies," or, to put it another way, of one who has busied himself in Italy and England for the last eight years with the provision of Beaufort arms and legs for the crippled poor. Those who know the Beaufort foot will recollect that to save expense the inventor got rid of an ankle joint by adopting a foot with a curved sole. This item of the invention dates back some forty years—so I learn from the Count de Beaufort. The other day, while driving in Rome, I saw a mule yoked to a cart, which, having an ankylosed pastern joint, was shod with a curved iron shoe. I was so much struck with the arrangement that I made an appointment with the carter to bring his cart and mule to pay me a visit. I made sketches, of which I send you copies. I do not think such a system can have ever prevailed in England; for a horse with a stiff pastern joint would surely be shot. The application of the curved sole to the mule is very imperfect; for the wear on the specimen shovel shoe ("ferro a paletta") before me appears only from the point to a little short of midway of the curve. The result was a deplorable limp. After due inquiry, I find that this system of shoeing is traditional, and that the name of its inventor must remain for ever unknown. Similar drawings to those I send you I submitted to the Count de Beaufort. His only remark is: "How strange that this plan should have been tried on animals so long before it was tried on men, though that dates forty years back."

I am, Sirs, yours faithfully,

HENRY H. MAXWELL,
Rome, May 9th, 1887. General, Royal Artillery.

QUALIFICATIONS FOR PRACTICE IN THE CHANNEL ISLANDS.

ACCORDING to the last law—that of 1875—an English diploma will entitle its possessor to practise in the Channel Islands; but he must previously obtain the permission of the Royal Court.

Dr. James Weaver.—We regret that we are unable to afford space for the series of cases promised, and advise our correspondent to submit his facts and propositions to the judgment of a medical society, where they might be adequately discussed.

Mr. Freeman (Bath).—The paper will appear shortly.

"MEDICAL ATTENDANCE ON THE POOR."

To the Editors of THE LANCET.

SIRS,—I have read with some amusement Dr. Alderson's letter on the above subject, in your issue of the 30th ult. He must indeed be a fortunate general practitioner if he can afford to attend persons with an income of £312 a year as "club" patients, an income which, according to Dr. Thurstan's letter, exceeds that of the average medical man! It is a little remarkable that men who have made their fortunes by consulting practice, men who charge fees from one to two hundred guineas and upwards, should begrudge the general practitioner a poor half-a-crown fee. So anxious do some appear that the British public should not be over-charged, that I believe they would have all medical attendance (except that done by themselves) given *con amore*. Perhaps they will extend their philanthropy still further, and suggest some means of assistance to the new class of paupers they are trying to raise from the general practitioners and their families. Some of the people are, however, beginning to find that the cheapest is not always the best, even in medical matters. The good labourer is always worthy of his hire. And they cannot have their cases carefully gone into by well-qualified men for a fee ranging from twopence to sixpence. I know several cheap surgeries and dispensaries where the patients are habitually attended by men who have never seen the inside of a medical school. There are many dispensaries that have no medical man's name on the door. These are mostly kept by unqualified practitioners, protected by some of our brethren. This is a public matter that should be inquired into by Government, but the much-abused Apothecaries' Hall appears to be the only protector of professional interests and the public health. The Colleges and Universities should prohibit their graduates from establishing branches that they cannot personally superintend. I am, Sirs, yours obediently,

May 13th, 1887. F. T. S.

Medical Staff.—We do not agree with our correspondent. In the two instances quoted, the military officer was wrong, and if the cases had been brought to the notice of the authorities we have no doubt he would have been properly instructed on the subject—probably in the shape of a reprimand.

Mr. Edwards.—Too late for this week.

THE LATE DR. WILSON FOX.

To the Editors of THE LANCET.

SIRS,—I think your readers would like to know that the late Dr. Wilson Fox was in the habit of placing his beautiful house at Rydal at the disposal of the Bishop of Bedford for the use of the invalided East-end clergy and their families during the summer months. The liberality, kindness, and delicacy with which this was done will be understood by all who knew him. One might not speak of this while he was living; but now that he is gone, it is impossible to withhold this fact from the record of his goodness. I am, Sirs, yours faithfully,

Mile-end, E., May, 1887. ONE OF THE CLERGY.

Alpha.—We regret that our correspondent should have received the impression to which he refers in his private note. He is entirely wrong on that point, and we cannot but think that a careful perusal of the various articles in THE LANCET bearing on the interests of the service would convince him of the warm interest we take in it, though we happen to differ from him in some points.

Mr. B. Walker (Spondon).—Yes.

EXCISION OF CHANCRES.

To the Editors of THE LANCET.

SIRS,—I see in your journal of Feb. 19th a notice that Dr. Andronico claims to have entirely eradicated the syphilitic virus by excising the primary sore. I tried the plan myself in November; but besides excising I carefully cauterised the wound with strong nitric acid. I saw the patient some three months afterwards, and could find no trace of syphilis on him. I am, Sirs, yours faithfully,

Nagasaki, Japan. C. ARTHUR ARNOLD, M.B., C.M.

BROWN DEFENCE FUND.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me to acknowledge the receipt of the following additional subscriptions towards the above fund? Amount already acknowledged, £16 15s.; Sidney Jones, Esq., £1 1s.; Dr. J. Macwhirter Dunbar, £1 1s.; J. Quinton Bown, Esq., 10s. 6d.

I am, Sir, faithfully yours,

G. STANLEY MURRAY, M.D.

23, Upper Richmond-road, Putney, May 17th, 1887.

COPY AVAILABLE

TREATMENT OF MASTITIS.

To the Editors of THE LANCET.

SIRS,—Permit me through your pages to call attention to a method of treating this affection, first brought before the notice of the profession about nine years ago by a practitioner in the south of England, whose name, I regret to say, I cannot recollect—a method which, if I may judge by the fact that no reference has been made to it in the various articles which have appeared from time to time in your journal, has not received that attention which my own experience leads me to consider it deserves. The gentleman to whom I refer treated this disease first by a ten-grain dose of quinine, and then by a two-minim dose of tincture of aconite, every ten minutes for the space of four hours, continuing the same dose afterwards once every four hours. At the same time extract of belladonna liquefied by glycerine in the proportion of one part to eight was applied locally. Since that time I have always used this method of treatment, latterly without the quinine, and in almost every instance have found it cut short the affection at once, nipping in the bud this painful and troublesome disease. I have found it far more reliable, and at the same time less troublesome, than any other mode of treatment, and I have not seen any alarming consequences from the action of the aconite on the heart. In one case only did the pulse become slow and intermittent, and in this case, a delicate woman, strict confinement to the recumbent posture was maintained for a day or two, and she made a good recovery. All my other cases have led me to consider that little, if any, danger need be apprehended where the heart is sound and there is much pyrexia. Lately I have given the tincture of aconite only once in a quarter of an hour with good results.

I am, Sirs, yours truly,

Rotherham, May 11th, 1887. WM. OXLEY.

COMPLETE SELF-ENUCLEATION OF AN EYEBALL.

To the Editors of THE LANCET.

SIRS,—As reported in your last issue, I recently brought before the Ophthalmological Society the details of a case of self-mutilation in which a woman completely enucleated one of her eyes. If any members of the profession have had any cases under their observation, and will kindly favour me with particulars, I shall be greatly obliged to them.

I am, Sirs, yours faithfully,

15, Stratford-place, W., May 17th, 1887. J. GROSVENOR MACKINLAY.

Dr. A. Hutchison (Loughborough).—Our correspondent can refer with advantage to "Ribot on Heredity," and to Galton's work, "English Men of Science;" also to the chapters on Heredity in the "Dictionnaire des Sciences Médicales." We do not know of any detailed account of the Stuart family.

Mr. J. A. Jones (Tir Caradoc).—The matter shall have consideration.

Dr. H. Laffmann (Philadelphia) is thanked.

Mr. C. J. Bond (Leicester).—Yes.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Hale White, London; Mr. C. Heath; Dr. Fothergill, London; Mr. Bennett May, Birmingham; Mr. W. Curran, London; General Maxwell; Mr. J. Walters, Reigate; Mr. A. Wilkinson, Shaftesbury; Mr. Laurence Humphry, Cambridge; Dr. Hamill, Manchester; Messrs. Maclehose and Co., Glasgow; Mr. R. D. Sinclair, Glasgow; Mr. Turnbull, North Shields; Mr. T. P. Teale, Leeds; Mr. Thistlethwayte; Messrs. Willing and Co., London; Dr. Bullel, Bombay; Messrs. Deighton, Bell and Co., Cambridge; Dr. Sennett, Hamilton, Vic.; Mr. J. L. Stretton, Kidderminster; Mr. C. A. Arnold, Nagasaki; Miss Clark; Dr. Head, Geneva; Mr. Dewhurst, Lambeth; Dr. Branson, Sheffield; Mr. Jacob, Netley; Mr. Armstrong, Harpurhey; Mr. Gracie; Mr. Milliman, Ontario; Mr. Harrison, Liverpool; Mr. Kirkby, Leeds; Mr. Wheeler, Manchester; Mr. Botwood, Ipswich; Dr. Harkin, Belfast; Mr. Challis, Brighton; Dr. Heap, Swanage; Dr. Elliott, Clifton; Mr. Gantillon, Cheltenham; Mr. Mills, Glasgow; Mr. Eames, Leeds; Dr. Paramore, London; Dr. Brett, Watford; Mr. M. Judge, London; Mr. W. Coode Adams, London; Dr. J. J. Pringle, London; Surg.-Major Goldsmith, Rewah; Dr. Gooding, Blackheath; Dr. W. B. Hunter, Londonderry; Dr. C. R. Drysdale, London; Dr. Jas. Weaver, Southport; Mr. G. D. Evans, Oswestry; Messrs. Bennett Bros., Salisbury; Messrs. Lumley and Co., London; Dr. Rayner, Hanwell; Messrs. Hopkinson and Co., Notts; Mr. Macpherson, Middlesbrough; Messrs. Wyleys and Co., Coventry; Dr. Reid, Stafford; Dr. Royle, Jersey; Mr. Stanmore Bishop, Manchester; Dr. A. Hutchinson, Loughborough; Dr. Stanley Murray, London; Mr. Mackinlay, London; Mr. Smith; Mr. Clement Lucas, London; Dr. Jas. Wilson, Haverfordwest; Messrs. Beale and Sons, Brighton; Mr. J. G. Marshall, St. Margarets; Messrs. Brown and Co., Glasgow; Dr. W. Sumpter, Cley-next-the-Sea; Mr. A. F. Mickle, London; Mr. J. W. Teale, Scarborough; Mr. C. S. Jeaffreson, Newcastle-on-Tyne; Mr. Stradling, Watford; Dr. B. Warren-Bey, Paris; Dr. Monro, Penge; Mr. J. Brown, Univadale; Mr. Lockwood, London; Dr. H. G. Taylor, Lancaster; Mr. Juler, London; Dr. Kerr, Leytonstone; Mr. Whiteley, London; Dr. Ridge, Enfield; Mr. Boyd, Handsworth; Dr. Gamgee, St. Leonards-on-Sea; Mr. Reynolds, New Cross; Mr. Lamon, Glasgow; Dr. Bland, Kensington; Mr. Murray, Walworth; Miss Williamson, Scarborough; Mr. Masters, Weston-super-Mare; Mr. Affleck, Manchester; Mr. Davis, Brighton; Mr. R. Kimpton, London; Mrs. Holloway, Worcester; Mr. J. A. Jones, Tir Caradoc; Mr. Bailey, London; Dr. Colquhoun, Dunedin; Mr. G. H. Makins, London; Mr. J. Atkinson, Crewe; Mr. D. C. Trott, Hamilton, Bermuda; L.R.C.P.; C. H.; L.K.Q.C.P., &c.; Alpha; A General Practitioner; One of the Clergy; No. 420; B.A. Oxon., F.R.C.S.Eng., Surgeon M.S.; A. C. B., Pontypool; Beta, Hull.

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Manchester Guardian, Catholic Times, Stock Exchange, Advocate of India, &c., have been received.

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